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Woman, not womb: A feminist examination of in vitro fertilization.

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WOMAN, NOT WOMB:
A Feminist Examination of In-*Vitro* Fertilization

by
Janice Hemani Perera

A Thesis Submitted to the Faculty of Graduate Studies and Research
through the Philosophy Department
in Partial Fulfillment of the Requirements for the Degree of Master of Arts
at the University of Windsor

Windsor, Ontario, Canada

2001

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ABSTRACT

Women's choices over their reproductive parts and destiny (as some may call it) were controlled in the past by men, and while many believe that reproductive power presently resides in the hands of women, I believe that this is not the case.

In this thesis I will examine the reproductive technology, *in-vitro* fertilization (IVF) and its effects on women. My intention is to bring to the forefront the social factors responsible for a woman's desire to bear children, and how these factors shape and determine her happiness and self-worth. I believe that the medical description and treatment of infertility as a diseased condition aids in the destructive mind-set that shapes an infertile woman's life. It is from this foundation that I ground my arguments for the restricted use of IVF. This thesis also examines the physical, emotional and psychological risks of IVF and the irrationality of spending money on a technology that (in the sweeping majority of times) does not actually help women. I also argue for the need of a radical reconstruction of women's identities; a reconstruction both shaped and created by women, hence liberating women from their often unacknowledged oppressed condition.

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DEDICATION

This thesis is dedicated to Sam Jayasuriya (“thathi”), who believed that I would amount to something (even when everyone else had given up). He would have been proud.

(1934-1997)

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FEMINIST BIOETHICS

Only if critical reflection, not blind custom, selects our life activities are we making use of our human capacities.¹

A. Motivation

The motivation for writing my thesis on the topic of in vitro fertilization stems from a few of my own personal concerns. First, when reading a story about a woman who was infertile, I felt myself becoming extremely nervous and scared, thinking: what if that happened to me? My fear of infertility sparked concern in me as I realized that although I have not particularly wanted to have children, the thought of not being able to disturbed me. This made me question why having children was so important to so many people. To me; if it did not matter to me, then why was I so uncomfortable with the possibility of being infertile?

Second, in the media, a lot of attention is being given to new reproductive technologies, especially in vitro fertilization (IVF). The reasons being given for the advancement of this technology disturbed me: "Childless couples will now have a chance at having a child," "Women can now have careers until later in life, and then have children," or "Infertile couples will now be able to find happiness in the success of this technology." I found it disheartening to think that while millions of dollars were being put into a program of reproductive assistance that benefits only a few, our social systems, such as our medical, health and welfare systems, were in need of resources. These two factors made me question the perceived need to have children and made me ask why, even though women have been gaining power in society, the role of mother continues to shape the identities of women?

B. Status of the Question

In this thesis I am making the claim that IVF is not a liberating therapy offered to infertile women, as the media in support of this technology would like us to believe. Many supporters of this technology do perceive it as a means for women to control their reproductive ends. I do not agree. My view on IVF is that (1) it is an experimental procedure offered to women in the guise of therapy, (2) it serves as a patriarchal mechanism that reinforces the assigned identity of child-bearer to women, and (3) consent to enter into an IVF program is not made freely or informedly. All this being said, I will argue that the practice of IVF, in its current state, should be restricted. I will now explain the outline of the chapters in order to illustrate the structure of the thesis which will serve as arguments in support of my conclusion.

C. Discussion of Chapters

In Chapter One, I will discuss various types of feminist theories in order to illustrate the many streams of feminism and the different practices they advocate. Although these streams differ in their theoretical premises, they all strive for the same goal--the liberation of women. I will then put forth the principles of feminist ethics that I will use as a standard of evaluating decisions and practices. I will argue that it is important to incorporate a feminist ethical framework when deliberating about issues such as the use of IVF. This will be done by explaining how feminist ethics encourages us to explore the history of women, their position in society, and the need to act against the practices that are obstructing the liberation of women.

In the second chapter, I will explore the desire to reproduce. The purpose of this chapter is to understand where, in fact, this desire has its roots. This chapter will examine whether this desire, or as some perceive it, this need, has been instilled in women by social conditioning or by

a biological need. Since IVF is offered as a cure to infertility I must first understand this need to reproduce in women in general, and then analyze the effects of infertility on those who cannot achieve reproduction naturally.

In the third chapter I will analyze the history of technology as it bears on the subjection of women. This will include a discussion of the domination of men over nature, the advancements of technologies and power/control over women as representation of life and reproduction. I intend to analyze the role that medical technologies play in women's lives by pointing out the motivation behind the creation and the impact these technologies have on women's understanding of their bodies. This analysis will also include a discussion on the medicalization of women's experiences, with particular attention to the treatment of infertility as an illness. My intention in this chapter is not to suggest that we should abandon the use of technologies altogether (as some have obviously been of great benefit to us), but rather suggest caution regarding how much control the technology has over our lives and to encourage uses of technology that allow us to remain in control of our lives.

The fourth chapter serves as a discussion of IVF in particular. I focus on the nature of the technology, including the history and procedure of IVF. I will address many arguments from both nonbioethical and bioethical perspectives in order to show the current status of the issue. I then intend to discuss selected feminist arguments regarding the use of IVF. The purpose of this chapter is to provide an outline of the main views and concerns in regard to the use of IVF while introducing the feminist perspective.

In the fifth chapter I express the concerns that I have about the use and advancement of IVF. I will argue against the use of IVF on the grounds that: (1) because women have been

socially conditioned to understand their identity primarily as child-bearers, the choice to enter into an IVF program may not be made out of their own free will, (2) since the risks of IVF are still unknown, the procedure should not be offered as therapy or treatment but rather as an experimental procedure, and (3) because IVF is not offered to all infertile couples (only those who can afford it), public money being put into IVF programs should be redirected to other causes that promote alternatives regarding reproductive decisions.

As this examination and critique of IVF is carried out from a feminist perspective, I will also argue that if it is the goal to liberate women from the oppressive structures and practices that hold them in their assigned roles, then we need to abandon all those practices that feed into social structures that are patriarchal. In order for this abandonment to be achieved, I advocate for the need to reconstruct society in a way that promotes different identities of women, without either stressing or ignoring their role as mothers.

D. Definitions of Terms

Throughout this thesis I refer to several terms which may need explanation and clarification.

****In vitro* fertilization (IVF):** The process of fertilizing a woman's egg with a man's sperm outside of the body. The fertilized embryo is then inserted back into the woman's womb in the hopes it will reach full development.

***New Reproductive Technologies (NRTs):** Technologies that help in the artificial creation of life, such as IVF, artificial insemination and surrogacy.

***Patriarchy:** A system of domestic or political government in which the authority of the ruler is that of a father or husband.² In feminist theory, it is defined as the exploitative dominance of

men over women, common in most human societies to date. This term is used throughout the thesis to refer to the foundation of our social construction, social systems, language, ideologies, moral systems and religious symbols. By using the term "patriarchy" I am referring to male-dominated structures that have influenced not only society, but the way we understand ourselves.

I will now begin with a discussion of feminism and then feminist ethics.

In this thesis my goal is to examine critically in-vitro fertilization, a technology that many (but not all) have viewed as liberating to women. In order to do so, I will begin by providing some background in order to set the tone for the rest of the paper.

(1) To begin my critical analysis, I will first discuss feminist theory. In this discussion I will identify the different aims and goals that feminists strive for. I will also discuss the developmental process of the self and how one's identity is socially constructed, in order to make clear the patriarchal understanding of "woman" that we have, through history, come to accept as definitive of "woman." This patriarchal understanding of "woman" will be the basis for my denial of in-vitro fertilization as a technology that liberates women (which will be discussed in a later chapter). This discussion of feminism and the social construction of the self will also provide a background to support the need for feminist ethics.

(2) The second section examines feminist ethical theories, at which time I also briefly outline the ethical theory I propose to use to structure decision-making. This theory consists of a combination of the ethics of care, a rational component, and a relational component.

To begin, let me turn to a discussion of feminism.

1. Who are the Oppressed?

Feminism is a movement that has concerned itself with the lives of women-whether free or oppressed. In its traditional usage, oppression has been defined as the exercise of tyranny by a ruling group, but in the 1960s and 1970s the meaning of oppression shifted to the disadvantages and injustices some people suffer, not because a tyrannical power coerces them, but because of everyday practices of well-intentioned liberal society.¹ These injustices against certain social groups are a consequence of things such as the media, cultural stereotypes and bureaucratic hierarchies.² The social group being oppressed is defined by a sense of identity which shares certain common attributes. There are many different contributing factors that can place one person or a group of people in the role of the oppressed or the oppressor. These factors can consist of economic, racial, gender or even age factors. Historical accounts available to us today, note that it has usually been women and racially identified minorities that have fit into the class of the oppressed. Some note that the elderly may also be oppressed. But even within the oppressed group there is also a group that is privileged in relation to the rest of the group.³ For example, traditional feminism was concerned primarily with the oppression and injustices focused toward white women of upper and middle class, hence women of colour were not included in the picture. The aims of feminism differ depending on the type of feminism that is being described, and different types of feminism that necessarily emerge in order for different women to be able to overcome their own oppression. The more well-known aim of feminism is to overcome the boundaries that are faced by women in general, yet the different streams of feminism continue to emerge from the different forms of oppression that different women endure.

1a. Different Types of Feminism

There are many different types of feminism that can be seen in traditional as well as more current literature. The types of feminism can be separated into different streams, often depending on the time period in the development of feminist ideas or on the particular goals of the feminist movement. Amongst these differences, there is an underlying commonality that extends across the different types of feminism. This underlying sameness is that all feminist theories involve an attempt to understand the oppressive social practices that disadvantage women. Each construct involves thinking innovatively about ways women can fully realize themselves. Feminism in general, is concerned with understanding where the oppression of women has its roots, eliminating the subordination of women and finding ways to empower women. Feminism tries to "urge women to struggle for autonomy both as freedom from patriarchal oppression and as freedom to realize their capacities and inspiration."⁴ What is needed is for women to understand their oppressors and the ways that they are oppressed, and in doing so to examine ways in which they can overcome these boundaries. It is fair to say that in understanding where oppression has its roots, most if not all feminists place the responsibility in the hands of a patriarchal society.

The starting point for feminist theories lies in society. The patriarchal society. Here, men and women have different roles and expectations, and as a consequence they live different lives. These differences set the boundaries that women are forced to deal with, and feminist theories aim at overcoming these boundaries. Another commonality amongst feminist theories is that the social structuring of production, reproduction, sexuality and socialization have determined women's conditions throughout history and across cultural, class and racial barriers.⁵ The quest to understand the root cause of the differences between the sexes, and the fight to

make changes are what remain of the utmost priority to feminists; but there are different ways of getting there.

The most common influence of the patriarchal oppression to women has been the priority placed on their biology. Biological determinism supports the idea that a woman's nature and all her possibilities are determined by her biology, that is, her reproductive biology.⁶ Because of a woman's ability to bear children her destiny, or the fulfillment of her role, is geared toward being a mother. Her prospective endeavors have centered around her biology, which has at its core the outcome of reproduction. As a result, the woman takes on the role of mother, nurturer, care-giver, and these roles are considered necessary for her to fulfill her assigned destiny. In summary, Biological Determinism holds women to the role of mother as their purpose in life. Most feminist theories reject biological determinism.

1b. Liberal Feminism

Contemporary liberal feminism is the type of feminism that tends to show its face in the political sphere. The liberal feminists' claim is that women's biology is not a factor that makes them suited for certain kinds of work, and unsuitable for other kinds of work.⁷ Simply because a woman is able to bear children does not mean that her potential should be determined solely by that capacity. It is simply a part of her make-up. Betty Friedan, a well-known proponent of liberal feminism, argues that feminism, defined, is "simply that women are people in the fullest sense of the word, who must be free to move in society with all the privileges and opportunities and responsibilities that are their human . . . right."⁸ Liberal feminists argue that women should not be left out of public matters and participation, since they have an equal right to such participation.

Ic. Marxist and Socialist Feminism

Socialist feminists hold many of the same views as liberal feminists. They believe that women need to be able to become more involved in the public sphere, and should also be involved in the workforce: "Socialist feminists maintain that the capitalist economic system oppresses women as a group, just as it oppresses the working class of the whole"⁹ and ". . . under capitalism, women are the primary producers of goods and services within the family."¹⁰ Because the services of taking care of one's own children, cleaning the house, making dinner, etc., are not assigned monetary value, they are deemed to be less important than services performed for pay outside the home. Marx argues that the only way to end this oppression is to abolish class divisions (the ruling and the working class).

Id. Radical Feminism

Radical feminists and socialist feminists agree that women are disadvantaged socially and economically, but while socialist feminists place priority on material, economic and social oppression, radical feminists claim that the oppression of women is at the root of *all* other forms of oppression.¹¹ Power relations must be examined and changed because traditionally men have had power over women in both the private and public sphere, and this control needs to be taken away because it leads to sexism, racism, class struggles, and other forms of oppression. Mary Daly, a well-known proponent of radical feminism, argues that women need to separate from men in order to end this oppressive relationship.¹² Daly argues that radical feminism is a voyage of reconstructing womanhood fueled by women's energy, and this voyage is toward the development of a separate and self-centered woman's culture.¹³ Radical feminism calls for a clean break from men in order to change society and its stereotypes, which also involves stopping their reproductive function, a function that contributes to this oppression.

In summary, these three forms of feminism are just three of the many streams of feminist thought. Although they differ, in some cases significantly, they and all other streams of feminism agree that a woman's reproductive biology should be controlled by her, and should not determine her.

1e. My Stance

I agree with Daly, that the relationship between men and women needs to be changed drastically in order for the oppression of women to stop; however, I am not sure if the complete separation of men and women is the answer. I do understand the need for women to free themselves from the oppressor, or the oppressive relationship, but I do not think that this freedom will change the ideologies that males have in regard to women. These ideologies are at the core of the acts of oppression against women. Instead of a complete separation of the two genders, I am proposing a reexamination of (1) the roles and (2) the ideologies that are present within these relationships. It is true that the cause of oppression against women is a patriarchal model of society, but this is not a society that has just been formed. Rather, it existed in our history, and therefore, in our ideas, language and behavior. What happens is that the oppression of women is deemed legitimate or appropriate because this oppression is the result of the rules, roles and relationships that are constituents of certain social institutions and practices, such as motherhood and marriage. Over time, these practices become what some consider to be the norm. Many become desensitized to the oppression of women. What follows then, are the social institutions and practices sanctioned or justified by general theories or ideologies, such as "a woman's place is in the home, looking after the children," and "men are more rational than women, therefore, the important decisions concerning the well-being of women should be made by men."

What is needed (ambitious as it may seem), is the abolition of the current ideological foundations of our practices. This abolition would include a total reconstruction of our social institutions, such as, schools, medical and judicial institutions, the media, and anything else that has any influence whatsoever on our understanding of our roles, functions, and the meaning and value we give to ourselves. It is important that we develop new learning systems with a gender-neutral foundation. These new learning systems will begin to assure that women are not subjected to the kinds of stereotypes that are present in today's society, and that the kinds of traits that are used to define women will be attributed to gender in general, and not be specific to females. The reason I think this reconstruction of society would benefit women more than the proposed separation of the sexes, is that even after complete separation, the other sex is no closer to understanding "woman." Both sexes are driven further away from mutual awareness, respect and knowledge. As a result of segregation, men may even be put in a more confrontational situation. Such separation and confrontation does not benefit women, but rather isolates them even more. Women may find sympathy and companionship with other women, but the goal of ending oppression cannot be reached if women try to distance themselves from the men. What is important is for women to help people understand who they are. This goal is achieved by sharing, teaching and communicating, and not by abstracting oneself from the situation.

If we agree that what we understand to be definitive of being a woman has been distorted and flooded with biases, falsehoods and stereotypes. Society must therefore, change its understanding of "woman" to understand what it truly means to be a "woman". The construction of the concept of "woman" must be analyzed and changed in order for women to really understand themselves. The exploration of the subjugation of women with its roots,

development and construction, as it relates to the reproductive capacity of women, is one of the purposes of this thesis.

2. The Social Construction of "Woman"

The construction of a person is not an autonomous development. It is a process that involves, and is dependent on our relationships with others.¹⁴ What is involved in a developmental process are complex changes that cannot occur in isolation. Man and woman are not islands, we do not live alone, nor do we develop alone. Of course, some people live as hermits away from society, but only after they are socially constructed do they do so. We have no authenticated examples of humans being born, then placed in isolation somewhere far away from social interaction who then, on their own, develop into what we consider to be "persons". The social construction theory I am arguing for is one that involves other people and can be best understood by using Annette Baier's "Second Persons" theory. Baier's thesis is that "A person, perhaps, is best seen as one who was long enough dependent upon other persons to acquire the essential arts of personhood."¹⁵ According to Baier, in order for someone to be considered a person, she has to have the characteristics attributed to being a person, such as the ability to interact socially with others and to communicate. The way that we develop these characteristics is through a learning process that is dependent on other people. We each learn how to be a person by watching and imitating other persons. The development of personhood is not something that is intrinsic in oneself, but rather a process that is learned by copying and imitation. It is from the association with others that we learn, and we each become a person only after we are socially conditioned to be a person by others. Therefore, our understanding of our "self" is dependent and relies heavily on the influences of our community, the stereotypes that

our society promotes, our history, and our connection to other people. We are socially constructed by external influences.

Feminists claim that these influences have a very strong patriarchal foundation. What we understand as "woman" is a set of characteristics that have been assigned to us, not by those who have experienced being a woman, but rather by a male-dominated society that assigns properties which it thinks should be attributed to women, for example, bearers of children. This argument is seen in Sherri Ortner's paper, "Is female to male as nature is to culture?" Ortner argues that the subordination of women is not found in their biology, but rather in other universals of the human cultural situation.¹⁶ These universals are found throughout cultures in that the universals view women on the basis of their biology. This does not mean that a woman is biologically determined in a natural sense, but rather that culture determines her by reason of her biology. Ortner claims that a woman's biology "... only seems to involve her more with 'species life' that it is not biology *per se*, but the social construction of it, that places women closer to nature."¹⁷ Society has determined that a woman's potential is determined by her ability to reproduce, regardless of what her potential really may be. Therefore, society determines the identity of a woman as being formed and constricted by her biology. A woman's identity sets boundaries that she is forced to stay within: "Identities identify people for certain activities or treatment."¹⁸ Identities keep people in place, allowing them to do only what is within their assigned abilities. A woman's identity is shaped by society's influences, which are by and large patriarchal. As a result, a woman's understanding of her "self" or her personhood is influenced by the patriarchal society.

Patriarchal society has assigned women their roles by placing a greater importance on nature over culture. As a result, it has become part of our culture to accept the natural aspect of

woman. To further explain, humans have been trying to control and abandon the limitations of nature. Rejection of what is natural can be seen in the innovations of technology (which will be discussed in the third chapter). If scientists (mainly men) are trying to avoid accepting and settling for what is natural, it logically follows that the natural aspects of women, specifically her ability to reproduce, should also be left behind and not be accepted solely as the determining factor of her destiny. Her natural ability to bear children should be seen as one component in the fulfillment of her life, not the only element. As we explore the function of reproduction, technology can help supercede the limitations associated with natural processes. Whether for the purpose of reproduction or within the focus of scientific curiosity, men attempt to control the processes of nature, sometimes pushing the envelope as witnessed with crossbreeding animals. While it is not natural for different species to mate and produce offspring, with the use of technology, we see this happening more than ever. Since the scientific revolution began, many scientists have been trying to control and seek to dominate nature by exceeding the limits of nature. If a goal of science is to exceed the limits of nature, then the natural ability to bear children should also be given less priority, since it is a natural function. So long as we place importance on a woman's biology, she will remain in a subordinate position in comparison to men. We must broaden the destiny and fulfillment of what women, to include a vast arena of other potentials, placing her ability to reproduce in a lower status, to be only one among others.

2a. "Redefining Woman"

It is obvious that women understand themselves through a clouded lens. This cloudiness is caused by ignorance and stereotypes by others as well as the social constructs defined and redefined in the changing social context. All women must understand themselves through a process of self-reflection or critical examination. Unfortunately, women understand themselves

through a history that has a patriarchal foundation, and this perspective needs to be changed. What is needed is a way to redefine our understanding of "woman," with a reconstruction of society and its institutions. This redefinition and broadening of a woman's potential is possible. If we cleanse our understanding of women of all male-dominated influences, then what we will be left with is an understanding of women that is influenced by women, and left up to the woman herself to define. If women are not confined to a predetermined destiny, then it will be within the woman's capacity to fulfill any destiny that she may want. Women need more input in the construction of the identity of "woman." What is needed is a reconstruction of the concept "woman" in a way that does not place priority on the biological aspects.

Feminists continue to look for ways to stop the oppression and limitation of women. One way of doing this is to include a feminist perspective in ethical decision-making.

3. ETHICS

Ethics is the branch of philosophy concerned with the study of morality. This study consists of understanding the right and wrong of a situation and what constitutes a good life. Ethics is usually divided into two areas: (1) normative ethics and (2) metaethics. Metaethics is concerned with analyzing the nature of moral judgments and specifying appropriate methods for the justification of particular moral judgments and theoretical systems.¹⁹ Normative ethics attempts to establish which moral views are acceptable, and in the case of applied normative ethics, which moral theory ought to be used to resolve particular moral problems.²⁰ The application of moral laws and structures to medicine is more commonly referred to as biomedical ethics. In the discipline of biomedical ethics, decisions are often structured in accordance with three ethical theories. These theories are: (1) Kant's deontological ethics, (2) various versions of utilitarianism representing consequentialist ethics, and (3) various social contract theories, which

are also deontological in nature. In this section I will discuss the feminist ethical model that will serve as foundational for the rest of the thesis. It is this model, not the previously mentioned three, that will be used to evaluate the use and acceptance of in vitro fertilization (which will be discussed later in the thesis).

3a. A Feminist Ethics of Care

While there are many different feminist ethics, there exists a recurrent theme that is found in all of them; the caring aspect. Feminist ethics does not set a rigid structure for ethical deliberation. While the traditional ethical theories put more emphasis on reason, feminist ethics puts importance on both emotional and rational components. Together the main concepts influence feminist decision-making. What is important is the preservation of relationships, communication and emotional support. Feminist ethicists hold the caring aspect that is present in us all as important in the structuring of decision-making, and the treatment of cases and individuals as important, but is often forgotten.

What is at issue is when caring should be offered and when it should be withheld. Emotions play a major role in decision-making. Not only should they not be suppressed, but it is rather absurd to think that they could be. This is why both reason and emotion together should be used when making ethical decisions.

Feminist ethics shapes its moral theories around the actual nature of human beings and what can be expected of us. Feminist theories work with the oppressive structures that are currently in place, in ways that advocate the abolishment of these structures. There is no point in ignoring that these structures exist, so we must work within these contexts. Women must shape our principles in ways that will extend across the boundaries that they have kept us within. In order to develop moral theories we must be realistic and structure them according to what can

and should be expected and considered important. In doing so, we must prioritize the importance of understanding the woman's experience in the situation. Laura Purdy claims that feminist ethics includes: (1) the emphasizing of the importance of women and their interests, (2) focusing on issues especially concerning or affecting women, (3) re-thinking fundamental assumptions, and (4) incorporating feminist insights and conclusions from other fields.²¹ These criteria will help broaden the area that moral theories are concerned with; in the end promoting not just what is best for women, but everyone, with extra emphasis on those who are oppressed. With emphasis being placed on what is best for everyone, no one will be excluded from proper treatment and respect. Feminist ethics would include everyone, regardless of their place in society, race, economic class, and so on, and would promote the idea of compassion, empathy and objectivity.

In regard to the application of ethics to reproductive technologies, feminist philosopher Linda LeMoncheck suggests that what is needed is a common ground for women's opportunities to determine the nature and value of their own reproductive lives. This involves an understanding of women's reproductive experiences as a complex and variable dialectic that exposes the interplay of the oppressive politics of gender that constrain a woman's reproductive choices.²² Keeping this constraint on women's choices in mind, a woman would be able to make choices in regard to reproductive technologies, while recognizing the oppressive social structures that she might be influenced by. It is not fair to simply take away the choices that women have because of the social institutions that they come from, but it is necessary that women understand the motives behind the practice or (in this case) the technology. Once she is informed, she can then make an informed decision of her own will.

Of course, I understand that the views of feminist ethics are disputable, but for the purpose of this paper I will operate on the assumption that the field of feminist ethics is accepted as an ethical model which can be used to judge the moral permissibility of reproductive technologies.

3b. Perera's Principles

The ethical theory that I advocate and that will be an undefended background assumption of this thesis will be heavily embedded in feminist ethics, but would not abandon traditional moral theory completely. I propose an ethical model that places importance on both caring and rational deliberation (like feminist ethics). The caring component will allow decisions to be made that take all aspects into consideration. To ensure that compassion and caring do not overwhelm the decision-maker (decisions being made solely on emotional grounds), a rational component is needed to provide "objectiveness". What is needed is an emphasis on the context and content of each situation. The influences, outcomes, and predictors, must all be considered, and at times not given equal weight. Unlike LeMoncheck's argument that women should make their choices with the knowledge of the existence of oppressive social structures, I propose a stronger course of action. Because of these oppressive social structures which have instilled in us a tainted view of who we are, we cannot expect women to make informed decisions as easily as we think they can be made. The distorted conditioning is already present in us.

Let me apply the general principles just mentioned to the particular issue of whether or not a woman should accept reproductive technologies as a choice for reproduction, since that is the topic of this thesis. It is not good enough to simply offer information about the harms and alternatives of the procedure, because the choice is still being made within a male-dominated mind-set. How can a woman's choice be her own free will if she mistakenly believes that a

procedure is the only way she can fulfill her nature? Again, we come back to the importance of a gender-neutral understanding of "woman." In regard to moral principles, it is extremely important that the reasons, incentives and desires, behind a so-called need for a reproductive technology, are examined, discussed and analyzed. The woman's experiences and ideologies that have influenced her perceived need to have a child must be carefully sorted through. Of course, without a reconstruction of our social institutions and information systems, this sorting through of a woman's concerns might be useless, since she might still want to go through with such a procedure because of the assigned identity of being a woman. Regardless of this fact, it is still the priority to extend an ethics of care to the woman.

The ethical model that I am proposing would be grounded in the realization that not only are we socially constructed, but we are constructed in a gender-biased way. Keeping this in mind, when using the ethical principles in a particular situation, one must look more carefully at each situation, in order to point out the oppressive elements, and promote action in such a way that, to the best of its ability, neutralizes the oppression. Let me clarify this proposal by breaking it down into steps. (1) One must consider the situation and all its particulars. Just as the aforementioned feminist philosophers argue, the particular situation, context and relationship, must be considered. These factors must be prioritized and then sorted through. At this point my proposed moral principle comes in, which I refer to as "bias extraction." (2) The situation must be considered within a neutral framework, and there should be a break-down of the situation that points out the oppressive nature that can be seen in the actions, effects and motivations, extracting the bias (the factors that are influenced by patriarchal foundations). This would involve analyzing the particular technology in a framework that is not patriarchal, but rather gender-neutral. This type of framework is not presently realistic in our society. Therefore, a

radical reconstruction of our norms, attitudes, and so on, is needed to introduce such a society.

(3) In this society, the issue must be reexamined.

This reexamination would involve extreme questioning on the part of the physician in such a way that would cause a woman to second-guess herself, to reflect on her motives, incentives, and views on happiness. Questions such as: "Why is this procedure necessary?" and "Whom are you pleasing?" must be asked. It is not enough to simply give the woman a list of pros and cons and view her decision as one that is informed and made from her free-will. The woman must be forced to consider the choice in the context of a clean slate, that might have a different affect on her decision, allowing her to see the situation in a different way. As harsh as this may sound, it is necessary and beneficial, because this reconsidering may actually be the woman involving herself in a critical analysis or understanding of *herself*, and not the self who she has been conditioned to be (the self she has accepted as being herself). This understanding of oneself follows in line with the need for a complete deconstruction of our information systems (such as the media, educational and political institutions) and social conditioning. Women can only make autonomous, self reflective, free choices, if and when they are completely rid of their assigned self.

I think that a woman reconsidering her decision in the case of medical technology would be a type of breaking free from her assigned self. Adding bias extraction to our moral principles can help us in our quest to make decisions within a neutral ethical structure. I am not proposing an uncaring, harsh treatment of women, but rather an explicit explanation of the factors relevant to gender in the treatment of women. There is a need for compassion and caring, but in following these values alone, decisions will still be made with the intent of fitting into our

prescribed roles. Consequently, there is a greater need for scrutiny and for that critical moment in which a woman can see things in her own way.

In regard to rationality, what is needed is a combination of both objective and subjective reason. Reason does not need to be void of emotion, and it is this emotional component in medical cases that may actually provide for a more ethical treatment of the patient. The role that reason plays in decision-making would be to weigh the pros and cons of the situation, in light of the fact that we are socially conditioned to act in certain ways, or want certain things.

The emotional component will allow the medical practitioner to sympathize with the individual, while the objective part of reason will allow the practitioner to remain objective in the situation, perceiving the situation from an external view. The two parts together, the ethics of care and rationality, will allow women to choose freely (at least to the extent that doing so is possible).

Feminist ethicists believe that in medical situations, treating each situation as different will allow women to examine all their choices and be treated with respect and dignity.

The oppression of women continues if women are grouped into categories and not treated individually based on their experiences and situation. But in treating women separately we must first examine the contributing factors in regard to the origin of the practice being used, the motivation for its creation, the message it advocates and so on. If medical technologies are accepted without examining the history not only of the technology, but also of the society in which it is promoted, then women will not be able to choose to use the technology as freely as they think. For example, each woman must decide for herself whether she would benefit from abortion, and then when she is properly informed must make her choice according to her personal history, and not because the physicians or the political system thinks that it is beneficial. But since the choice to use reproductive technologies is made in the presence of

patriarchal systems, we must be wary of the choices being made to use these technologies, as they are not without bias. Questions need to be asked about all areas of development to ensure that women do not become the oppressed. Women must understand how X will affect them, how it will benefit them, and what the motives are behind the promotion of X. So long as women are properly informed they will be able to make the decisions that will better their lives. Making informed decisions is part of the journey that will liberate women from the confining structure of society. Women need to understand whether they are in control or being controlled, and such understanding is possible only if they understand the reasons behind the technological innovations being created, which are said to be in the best interest of women.

Conclusion

In this chapter I have discussed some of the different feminist theories. In doing so I have also examined the social construction of the self, and more particularly the construction of "woman." It is necessary to examine this understanding of the construction of "woman" since it is my claim that in-vitro fertilization is oppressive to women because they have been socially constructed in such a biased way that they are brain-washed into thinking that reproductive technologies are liberating, when in fact they can be destructive to the goal of the liberation of women. The discussion of ethics allowed me to introduce the need for a combination of moral theories that is heavily influenced by feminist ethics rather than traditional moral theories. This combination of ethical theories is necessary in order to properly evaluate the need for reproductive technologies.

In the next chapter I will discuss the ways in which women have been socialized to want children, and the effects of this socialization.

NOTES

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3. Marion Iris Young, *Justice and the Politics of Difference*, (New Jersey: Princeton University Press., 1990), 41.
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5. *Ibid.*, 42.
6. Lorraine Code, "Feminist Theory," *Changing Patterns: Women in Canada*, Sandra Burt, et al., (ed.), (Toronto: McClelland and Stuart, 1988), 18-50.
7. Lorraine Code, *What Can She Know? Feminist Theory and the Construction of Knowledge*, (Ithaca: Cornell University Press, 1991), 73.
8. Lorraine Code, "Feminist Theory," *Changing Patterns: Women in Canada*, op. cit., 19.
9. *Ibid.*, 21.
10. *Ibid.*, 35.
11. *Ibid.*, 34.
12. *Ibid.*
13. *Ibid.*, 36-37.
14. *Ibid.*, 39.
15. *Ibid.*, 40.
16. *Ibid.*
17. Lorraine Code, *What Can She Know*, op. cit., 76.
18. Annette Baier, *Postures of the Mind: Essays on Mind and Morals*, (Minneapolis: University of Minnesota Press, 1985), 84.
19. Janet Sayers, *Biological Politics*, (New York: Tavistock Publications, 1982), 110.

20. *Ibid.*, 108.

21. Margaret Urban Walker, *Moral Understandings*, (New York: Routledge, 1998), 171.

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Chapter 2

IS REPRODUCTION A SOCIALLY CONSTRUCTED NEED?

*When Rachel saw that she bore Jacob no children,
she envied her sister; and she said to Jacob:
"Give me children, or I shall die!"
(Genesis 30:1-2)*

The aim of this thesis is to present arguments against the use of IVF, but in order to do that, it is necessary to understand why this particular technology is so widely accepted. In order to understand the acceptance of IVF, we must first analyze the desire to have children, which serves as an infertile woman's reason to submit herself to reproductive technologies. This desire or need (as some would perceive it as) is common amongst many women in general, and it is here where we have to start. Before we can understand why so many infertile women feel compelled to submit themselves to reproductive technologies in order to be truly happy, we need to examine this desire to have children.

In this chapter I will examine where this intense desire to have children has its roots, and how it has become so deeply embedded into most women's perceptions of womanhood. I will examine these points by discussing how the desire to have children is an idea that has been socially constructed. In order to determine what influences have played a part in this socially constructed need to bear children, it is necessary to trace back the roots of reproduction and infertility. In order to show that this desire is indeed socially constructed I will first give brief overviews of childbearing from a philosophical standpoint, and second the necessity to bear children and the stigma of infertility from a religious standpoint. The third section will address the issue of whether there is a biological imperative to reproduce. This discussion of biological determinism will involve explaining why we should not accept the view that it is necessary to reproduce because we are biologically structured for reproduction. My aim is to show that the

biological argument is not valid and that we are not driven to reproduce by nature, but rather by nurture. I will offer arguments that show that women are in some form conditioned from an early age to accept the idea that motherhood is a necessary component of living a happy life.

I will begin by discussing some philosophical notions of reproduction.

1. Philosophical Views on Reproduction

In this section I discuss the theories of Aristotle, Plato and Simone De Beauvoir. The reason I start with philosophical perceptions of reproduction is to show the initiation of notions that have had a strong influence on Western thinking. I will begin with an examination of Aristotle's views as it is his views that came to be dominant over Western philosophical thought, but they did not stop there. His views also influenced religious thinker Thomas Aquinas, who expanded on many of Aristotle's ideas regarding women and reproduction.

1a. Aristotle

The importance of bearing children is already found in Ancient Greek philosophy, in the works of Aristotle. Aristotle states that "... the most natural of all functions for a living thing, if it is complete and not defective and does not come to be by chance, is to produce another thing of the same sort as itself . . . in order to share as far as it can in the everlasting and divine."¹ The idea of immortality and sharing in the divine, is in Aristotle's view, the *telos* of all men. Reproduction was not merely for the sake of having a family or to serve some other such function, as in today's society, but also to seek immortality through one's offspring. Being one with the divine (not divine in the contemporary religious sense, but rather the rational sense), would be possible only if one lived forever, since the divine is eternal. And the only way that man could continue on in life was by creating a thing that was a part of himself, and continued on as his legacy.

In the *Nicomachean Ethics*, Aristotle explains that a man loves what he creates, because the creation (or handiwork) of that man is in a sense the producer in activity.² What Aristotle means by this is that man exists in his activity (living cannot be passive, but rather must be active). In the creation of an object, matter takes on form, which is the form of the creator. The handiwork of the creator, is the creator expressing his existence; as existence is in virtue of activity.³ The child (in the instance of reproduction), is seen as an actualization of the parent's potential. The bond that its parents have with a child is strong because the parents see the child as part of themselves.

It is important to note that Aristotle does not give equal credit for the creation of the child to both the mother and father. He holds that the male is the dominant figure while the female is passive, not only in situations of reproduction, but also in all things. Aristotle's understanding of human reproduction is centered around male domination. Aristotle views the male and female as opposites in the act of reproduction, the male representing heat, the woman, cold. He claims that the female simply provides the matter and needs the male sperm in order to provide the form. Even though we know it to be a fact that the egg needs sperm to be fertilized and the sperm is useless in the act of conception without the egg, in Aristotle's view, a woman is dependent on the male sperm. The act of reproduction is not, for him, an equal activity. He claims that the sperm contains the soul; the essential part of a living being. Aristotle says: "... the principle of soul, as form, was the activating center for the matter that became organized into a person."⁴ If a male's heat (sperm) is combined with a woman's coolness, then the potential for creating a life can be actualized. Basically, the female needs the male to complete the creation of life, as she merely provides the physical matter, while the male provides the soul which is considered to be the essence of a living thing.

1b. Plato

The reason I include Plato's views in this section is to show the difference of views between two philosophers whose theories came from the same time period. It is interesting to note that Plato's ideas concerning reproduction were grounded in completely different reasons from those of Aristotle. Plato, unlike Aristotle, viewed men and women as equal. In the story of the *Medals*, Plato said, "Then the women of this sort must be chosen along with men of the same sort to live with them and share their guardianship, seeing that they are adequate for the task and akin to the men in nature."⁵ Here Plato is referring to the nature of the guardians, and he claims that women have in their nature guardian qualities, as do men. In his view women are not inferior to men. After reproduction, the parents who are guardians do not have anything to do with the upbringing of their children. Their children were to be brought up by the community, in order to ensure that the parents had only to concentrate on the good of the society, and not on personal issues.⁶ Plato viewed the reproduction of the guardians in terms of the goal of maintaining a just society. Their reproduction was for the sustenance of the just society. In the guardian class, the best women would have sex with the best men, in order to produce the children with the best qualities. Just as for Aristotle, the goal was to fulfill something more like a common goal, or a goal that is in the best interests of the good. But unlike Aristotle, in Plato's theory the parents are not to have any bonds with their children (those who are of the guardian class), and more important, the woman is considered just as important as the man, in the role of reproduction.

1c. Simone De Beauvoir

The third philosopher I will discuss is the twentieth century social-philosopher Simone de Beauvoir. The reason why I have chosen to include her views is to show that even though her writings are more recent than the previous two, and women have become more liberated through

the years, she shows that the idea of reproduction still carries with it as much weight, if not more. Beauvoir does not make claims regarding how things ought to be (as Aristotle and Plato do), rather she points out that thousands of years after Aristotle, one can still observe in our society women having roles that exhibit Aristotelian attitudes. Her theories serve as a report on how women are still perceived in our society. Beauvoir notes that during childhood and adolescence, women pass through several phases in their attitude toward maternity. From a small age, girls play with dolls, caring for and exerting a motherly role over them, and as they get older, they often exercise a maternal authority over children in their care. It is apparent that Beauvoir perceives the woman as tied to her prescribed biological destiny, through a male-dominated history and future. She states, "Woman? Very simple, say the fanciers of simple formulas: she is a womb, an ovary; she is female--this word is sufficient to define her."⁷ She claims that although the biology of women has entrapped them into a role that they are finding hard to leave behind, biology is not the only cause. A woman's biology situates her in the world, but does not necessarily hold her to it. Rather, the body is subject to the taboos, laws, and other structures that enforce the notion of woman being "Other" to man, and in essence defines her according to her reproductive capacity.⁸ Beauvoir does not view the function of childbearing as a necessary part of a woman's life, but rather as an act that has been forced upon women as part of their being. She does not claim that women have transcended this notion of "womanhood," but rather, we are caught in it.

I will discuss more of Beauvoir's views in the socialization section of this chapter, but my purpose for introducing her views in this section, was to illustrate the fact that little has changed in everyday philosophical views about reproduction. For Aristotle and Plato, reproduction was seen as necessary and natural. While Beauvoir does not claim that reproduction is necessary (in the way that the other two view it to be), she does claim that

women are still entrapped within a societal structure that reinforces the necessity of reproduction. Women have not been able to liberate themselves thus far, from the bounds of motherhood. In the next section I will illustrate the overwhelming importance that religion has placed on the act of reproduction.

2. Judeo-Christian Views on Religion and Procreation

Along with philosophical theories, Judeo-Christian theories have had a dominant role in the structuring of values for Western culture. These theories have influenced the attitudes of many people regarding reproduction. The Old and New Testaments provide many cultures with a foundation on which to structure their norms, values and morals. These ancient religious texts have embedded in society many ideas that are still present today. In Judaism, procreation is the very first commandment in the Torah: "Be fruitful and multiply."⁹ The idea is that humans are commanded to procreate; it states an imperative for reproduction. It is said that the man is the initiator in sex, and it is a woman's natural inclination to have children. When a woman is married, her duty is to produce. It is not forced upon her, but rather is a natural act that she wants to fulfill. The importance of a woman's fertility was overwhelming, because procreation was often the way to prove one's faithfulness and belief in God: "He who has not engaged in procreation, it is as if he has . . . diminished the image of God in the world."¹⁰ Procreation was considered a necessity from this religion's point of view, and those who did not fulfill this requirement were not seen as faithful members of the religious community.

2a. The Role of Women in These Religious Texts

The Old Testament illustrates a woman as the property of her husband. A wife's sexuality belonged exclusively to her husband, who demanded that she be a virgin bride.¹¹ It was said that a wife who did not produce children for her husband was not fulfilling her duty as a wife. In such cases, it was customary for the wife to offer the husband a female slave to bear for

her, or else the husband would take another wife.¹² Because infertility, or “barrenness” as it was referred to, was regarded as indecent, it was grounds for divorce. Barrenness was a source of shame and reproach in ancient Israel. It was interpreted as divine punishment, or at least as a sign of divine displeasure, deserving of mockery from other women, especially from co-wives who had proved their fertility.¹³ An infertile woman was considered unworthy of being a man’s wife since she could not fulfill the religious role given to a wife. The shame of infertility was overwhelming, and many infertile women were shunned from society because of their perceived curse.

2b. Judeo-Christian Views on Infertility

Infertility threatened the woman’s status as a wife. The barren woman was deprived of the honor attached to motherhood--the only position of honor generally available to women, representing the highest status a woman might normally achieve.¹⁴ The only significant position a woman could hold in society was being a mother, and women who were barren were considered useless. A fertile woman could secure the approval of her husband and society by bearing children, and more important, she would be able to exercise control over another person (the child), which was a woman’s only legitimate exercise of power.¹⁵

2c. The Effects of Religious Symbols on Women

It is important to note that religious symbols and myths can have negative psychological effects on women. For example, defectiveness or barrenness are terms symbolic to infertile women, which carry with them negative perceptions of these women. God, being perceived as the “Father,” a male identity, is symbolic of males being in control and having a higher status than women in society. Religion can be seen as a “system of symbols which act to produce powerful pervasive, and long-lasting moods and motivations.”¹⁶ Religious perceptions of women as bearers of children have continued to shape the mind-set and identity of many women.

Religious symbols create the inner conditions (deep-seated attitudes and feelings) that lead people to feel comfortable accepting the social and political arrangements that correspond to the symbol system.¹⁷ Religion provides symbols and rituals that enable people to adjust and to cope with life's experiences. These symbols and rituals are embedded deeply in the psyches of many people, whose attitudes towards life, relationships, death, and so on, are shaped by these symbols. Women have been for the most part oppressed by these attitudes. God is seen as male: "Religions centered on the worship of a male God create 'moods' and 'motivations' that keep women in a state of psychological dependence on men and male authority."¹⁸ The idea of men as the dominant sex has been a built-in underlying attitude of many religions, thus placing women in a subservient role. The beliefs that these symbols have created are hard, if not impossible, to reject. In order to move away from beliefs that are oppressive to women, replacement symbols are needed that will show women in a more liberating role.

2d. Positive Images of Women

Given that women should be treated as equal to men, the inclusion of positive images of women are needed. New religious symbols and myths that show how women are important and influential will allow women to be viewed as more than just mothers, therefore helping people view women in a diversity of roles. We should not stress childbirth, because as a defining characteristic of being a woman, this attitude creates the stigma that surrounds infertility. We ought to advocate the importance and significance of women's bodily experiences, but not in such a way that traps them in their bodily capacities. The affirmation of the female body is important if our goal is to reclaim and reshape the bodily experiences of women. This reshaping would include a change in the attitudes towards menstruation, the event of childbirth and menopause, which are particular female experiences that religion denigrates.¹⁹ If the ability to reproduce is continued to be viewed as a defining characteristic of women, then those who

cannot reproduce will continue to experience traumatic psychological effects because of their inability to bear children. These negative effects will continue until the perceptions of women in religion are changed. Hence there is a need for female images that show women in a positive light. These positive images will allow women to understand themselves outside their ability to reproduce. Women's roles need to be extended to include more than just parent, but also roles such as leader, teacher and motivator.

Women need to be assigned dominant roles that are valued in such a way as to be liberating to women. Since religious beliefs and the attitudes that they promote can be seen as oppressive to women, there is a need to re-examine and redefine the role that women have in religion. Since many cultures are influenced by religious beliefs, it is necessary to change the messages that are being sent about women, so that the act of reproduction will not be considered definitive of women.

3. Philosophy and Religion

Western philosophical and religious ideologies are two structures that have promoted patriarchy within Western society. These male dominated (or patriarchal) theories have promoted structures and norms that value men over women. Patriarchy, which literally means "rule by father," has endorsed social and political systems that grant privileged status to males and permits and encourages their domination over females.²⁰ Theories that view women in subservient and controlled roles, if endorsed, serve as oppressive to women, which is the idea endorsed in many of the previously discussed structures. Social structures such as religion, work in the benefit of men and promote identities of women that are non- liberating and do not allow for women to be regarded in roles that are equal to those of men. Women in these structures are less rational, dependent, and have roles that do not include political or social authority. Society, even in its present day, is still influenced by these patriarchal structures, as they have been

influential in the forming of our society. Eradicating this point of the foundation on which our society is founded is not an easy task, but is definitely a worthwhile one.

4. The Biological Imperative

Many people would argue that social structures are not the only factor in assigning the role of reproduction to women, as a women's biology has much to do with it as well. Many people see the desire to reproduce as a biological need. Reproduction in this sense would be equivalent to such things as the need for shelter and food. On this view, reproduction would be a biological necessity. But are we driven by a biological imperative to reproduce?

4a. Reproduction as a Part of Life

One view that endorses the idea that reproduction is biological is put forth by Dr. Herant Katchadourian. He states that sexuality is the source of human life and central to life from birth to death.²¹ His view revolves around the idea that, simply put, the biological function of sex is reproduction. Regardless of whether people engage in sexual activity or not, sexuality is part of everyone's lives in the form of thoughts, actions and dreams. Since men and women have different hormones and body parts, the role that each of them plays in reproduction differs. Katchadourian's reports lead many feminists to conclude that since women are biologically suited for childbearing (have the reproductive parts necessary to bear children), they have been trapped within the role of childbearing. Because of their biology, they have been assigned the compulsory role of mothers. But this biological imperative should not be considered the women's destiny.

Philosopher Kenneth Alpern states that "... even if we accept that something like biological imperatives are at work in the desire to have children that would not establish the necessity or the proper place of having children in our lives."²² Simply because we may be biologically suited to reproduce, does not mean that we are powerless to reshape and redirect

these forces. Many people who are childless experience happiness and fulfillment, which would entail that not living according to the biological imperative to reproduce does not guarantee living a bad life.²³ It can be argued that because we have a biological need or drive to have sex, reproduction follows as a natural need, but since many people engage in sexual activities without reproduction as their goal, we can conclude that the goal or object of the drive cannot primarily be identified as having children.

4b. Continuation of the Species

Another objection to the biological imperative stems from the idea that the desire to reproduce is grounded in the drive to perpetuate the species. This idea was seen earlier in Aristotle's notion of seeking eternity in one's offspring. This view places importance on the basic drive to continue our species. The problem with the idea of continuing the species, is that individuals are often impelled to nothing more than the activity (for example, sexual intercourse), without the goal of having children (in order to perpetuate the species) in mind. Also, the individual's life is not necessarily worse for not contributing to this perceived goal.²⁴ People who engage in sexual activity without reproducing do not live unfulfilling lives simply because they choose not to reproduce.

Even if biology has influenced acquired behaviours and attitudes toward having children, biology does not provide absolute answers to the fundamental question of where the meaning and significance of the desire to have children has its roots. Since people choose to fulfill their sexual desires without the goal of having children in mind, it follows that reproduction is not a biological imperative or necessity: it is not a drive that we all need to fulfill.

5. The Social Imperative

The structures mentioned previously (philosophical, religious, and biological norms) have had an enormous role in shaping society's attitude towards reproduction. Many people

have been influenced by these ideologies, which have shaped their own understanding of what they want or need to make them happy. If we can agree that the desire to have children is socially driven (by the previously-mentioned factors of influence), then it is mandatory that we evaluate the importance of this desire.

5a. The Desire to Want Children

There are many reasons for desiring to have children. Among them are: having children is a cultural norm; children give significance to marriage or to the personal relationship of two people; children are interesting, rewarding, challenging and fulfilling; having children is an activity of creation, participation in something beyond oneself; this creation gives one a sense of power and competence. The list goes on.²⁵ Alpern argues that although it may be thought that the desires of people to have children are deeply rooted and intense, these desires should not be taken at face value, but rather they should be examined carefully before being granted, even if it is believed that granting the desire will promote people's well-being.²⁶

5b. Who's Desires are They

Alpern claims that it is important to examine the amount of weight given to a person's desires. We do not always fully understand what we desire, what moves us, or what we value. Our self conception develops gradually and incompletely. Therefore our desires may not actually be what we want, but rather those instilled in us by others.²⁷ We interact with so many things and people that we often find ourselves valuing different things from time to time, and often these things we valued turn out to be different from what we thought they would be. Because of the changing patterns in most people's desires and perceived needs, it is unrealistic for people to assume that all their desires can and will be granted. Even though it may be impossible to reasonably weigh desires with absolute certainty, it is important and possible to make such judgements, especially when we confront desires as complex as the desire to have

(our own) children.²⁸ In regard to the importance and weight given to a particular desire, simply because one has strong feelings toward what is desired does not and should not translate into corresponding weight or value for the desire. Since we value things for different reasons, we cannot be positively sure whether the object of our desire is one that we have chosen for ourselves.

5c. Misjudging Desires

There are many conditions that can cause someone to misjudge the weight and importance of a particular desire. For example, failure to satisfy a desire may be seen as dysfunctional and as a reason for embarrassment or shame, or what is desired may be a matter of status or competition, or one may constantly encounter other people enjoying or even flaunting the desired object.²⁹ Infertile couples may be overwhelmed by these external conditions, and in turn their desire to have children may be enforced not by their own happiness, but by these external factors.

Although couples who are unable to bear their own children may experience emotional suffering and frustration, their desire to have children may be overvalued due to the stress put on them by others. Infertile couples, “. . . may be less disposed toward self-reflection and less able to judge the proper place of this desire in even their own scheme of value, let alone in competition with the interests and rights of others.”³⁰ The importance of the desire to bear children may be magnified in infertile couples due to the importance that others attribute to such an event. Because of these external influences, infertile couples are often unable to rationally weigh their interests and needs in such a situation. Rather, they find themselves being swept up by the other alternatives offered by people to correct their “problem.” Because of all these factors and external influences, simply because one feels a desire intensely, does not mean that the desire should be granted.

5d. The Authenticity of the Desire

Alpern also argues for the examination of the authenticity of the expressed desire. Alpern's point is that over time these desires have been implanted in us through socialization. His line of argument supports the idea that we are socially constructed individuals. Moreover, our values and understanding of ourselves have at their roots a patriarchal foundation. Alpern states: "... through socialization in early childhood we come to identify with values and desires that may be inauthentic and with which we should not be identified."³¹ Alpern claims that through socialization we acquire certain values and desires without choice and often without awareness. These values and ways of feeling shape our understanding of who we are, who we want to be, and what we need to be happy. Our understanding of our "self" is shaped by these early acquisitions.³² Although these values and ways of feeling may be distorting and inauthentic, because we have been shaped by them we believe them to be choices that we have made instead of products that we have been socially conditioned to believe.

5e. What is a "Real" Desire?

It is necessary to clarify the position that Alpern is arguing (which I will also be arguing later in the thesis) in regard to what is referred to as a woman's true "self" and desires. The claim is not that women have an innateness to them that is composed of certain characteristics, but rather, since all persons are socially conditioned by their community's norms, values and ideologies, women's identities are made up of assigned attributes. It is my argument that in our society, this social construction has come in the form of patriarchy, which has neither benefitted men nor women in general, and through patriarchy women have been assigned the primary identity of mothers, which has heavily influenced their desires and understanding of who they are. Because of this assigned understanding, a woman's desire to want children may be a desire that has been instilled in her as something that she thinks she truly wants, but yet has no way of

knowing for sure. I will explain in more detail my position in the fifth chapter, but for now the point that I am trying to make is that since there are so many overwhelming social factors that influence and place enormous weight on the desire to have children, it is hard to know for certain whether bearing children is something that a couple truly wants, for themselves.

If I am right, about the patriarchal social conditioning of women, then the role of women as bearers of children has been instilled in women's understanding of who they are. In that case, "... the desire of a woman (or of a man, for that matter), to have a child, whatever the precise content of that desire, could be held to be more an expression of the norms of their society than an authentic expression of what they, themselves, are."³³ A couple's desire to have children may stem from the belief system that has been instilled in them from socialization, rather than their own beliefs about what will make them happy, but we can only separate the two if we realize the ways in which we have been conditioned. Because at the present time we are unable to evaluate the desire to have children void of patriarchal social conditioning, we should be wary about fulfilling this desire.

5e. Becoming a Woman

De Beauvoir claims that "... one is not born, but rather becomes a woman."³⁴ Beauvoir is referring to the idea that women become women from the conditioning of society. They adopt the characteristics and traits that are assigned to them, and in turn understand themselves according to what has been told to them. The social conditioning in which women find themselves trapped, enforces the importance of their bodily capacities. Hence, women find themselves trapped within the roles of their bodies, not solely as a biological phenomenon, but also as a social one. She claims that we must not examine psychological, physiological or economic factors alone to understand the woman's position of "Other," but rather the total situation of women. In history, the biology of women has been assimilated into a process of

specific cultural meaning, and as such has caused the development of an asymmetrical relationship between the sexes.³⁵ A woman is situated in her body and her body is embedded in, and shaped by, socio-cultural practices and meanings. These practices have enforced the notion of motherhood as essential to women, without allowing them to choose another way to define themselves. Beauvoir opposes a specific cultural embedding and organization of the female body that has made it impossible for women to develop and experience themselves, including their bodies as active subjects. She claims that if women have active control over their bodies and lives, they will also experience their bodies actively, including motherhood, pregnancy and labour.³⁶

Psychologist Robyn Rowland claims that most women have accepted the assumptions that mothering is a natural life progression and is a necessary part of womanhood. Women must in some way and at some time make decisions about motherhood. A woman may perceive being a mother as a status passage from being a child to being an adult through mothering.³⁷ "In so doing, she draws upon herself various signs of social approval, both from her personal relationships (for example, her parents who expect to be grandparents) and from society in general."³⁸ The importance of the mother-child bond is not only stressed to, but can also be stressful for many women. The idea of a woman not wanting to bear children is often connected to notions of selfishness and immaturity. It is often thought that women should want to have children of their own, and want to love and care for them. The idea of motherhood is often filled with notions of identity, fulfillment and so on. But these factors may not represent the true needs of women. Rather, they tend to represent the ideologies that have been embedded through social construction.

Conclusion

It is important to mention that I am not arguing in favor of the idea that women, outside of patriarchal social conditioning and societies norms would abandon the role of child-bearers for (1) I am not interested in making such a radical claim and (2) there is no way of knowing (at this time) whether that role would be abandoned by women in our society if our society did not have its roots in patriarchy. What I am interested in showing is that the role of child-bearer has been instilled in women (through various means), as their primary identity. The influence of social stigmas, religious and philosophical norms, family obligations, and so on, has played a major role in trapping women into an identity, that of being mothers, that may in fact be secondary to their own understanding of what it is to be women. Women in our society have been influenced and shaped by these attitudes and beliefs, which have conditioned them to believe that their destiny or fulfillment of womanhood lies in the act of motherhood. I think that it is necessary that women understand themselves in regard to models, identities, and roles that they discover and create for themselves. In the first chapter, I discussed the role of feminist ethics in order to emphasize the importance of understanding women through their experiences, feelings and voices, and this would include a break-down of our traditional moral theories. Women need to decide for themselves what it is that they view to be “woman” and it is by these standards that they should operate.

Once we have discovered, or rather established, where the desire to have children has its roots as was my goal in this chapter, the next step is to examine the effect that the failure to fulfill this goal has on women who are unable to reproduce naturally. It is here where we see the advancement of new reproductive technologies. Because the role of child-bearer is inherent in a woman’s understanding of herself, reproductive technologies are looked at as an aid for those that cannot achieve this necessary role. In the next chapter I will explore the impact that technology has had on women’s lives and how it has changed our understanding of infertility.

NOTES

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3. *Ibid.*
4. Prudence R.S.M. Allen, *The Concept of Women*, (Quebec: Eden Press, 1985), 98.
5. Plato, *Republic V*, in *Readings in Ancient Greek Philosophy*. Marc Cohen, *et al.*, (eds.), (Indiana: Hackett Publishing Company, Inc. 1995), 456b.
6. *Ibid.*, 464d.
7. Simone De Beauvoir, *The Second Sex*, (New York: Alfred A. Knopf, Inc. 1952), 3.
8. *Ibid.*, 40.
9. The Holy Bible, King James Version, "Genesis 1:28," The Old Testament, (Tennessee: Thomas Nelson, Inc., 1984).
10. Rosemarie Radford Ruether, *Religion and Sexism*, (New York: Simon and Schuster, 1974), 17.
11. *Ibid.*, 51.
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13. *Ibid.*, 16:2, 20:18.
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15. *Ibid.*
16. Carol P. Christ, "Why Women Need the Goddess: Phenomenological, Psychological, and Political Reflections," *Religion and Sexism*, *op. cit.*, 274.
17. *Ibid.*, 275.
18. *Ibid.*
19. *Ibid.*, 280.
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22. *Ibid.*, 150.
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25. Kenneth D. Alpern, "Genetic Puzzles and Stork Stories: On the Meaning and Significance of Having Children," *The Ethics of Reproductive Technology*. Kenneth D. Alpern, (ed.), (New York: Oxford University Press, Inc., 1992), 147.
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27. *Ibid.*, 153.
28. *Ibid.*
29. *Ibid.*, 153-154.
30. *Ibid.*, 154.
31. *Ibid.*, 155.
32. *Ibid.*, 156.
33. *Ibid.*
34. Simone de Beauvoir, *The Second Sex*, *op. cit.*, 301.
35. Karen Vintges, "The Second Sex and Philosophy," *Feminist Interpretations of Simone de Beauvoir*. Margaret A. Simons, (ed.), (Pennsylvania: The Pennsylvania State University Press, 1995), 30.
36. *Ibid.*
37. Robyn Rowland, *Living Laboratories*, (Indianapolis: Indiana University Press, 1992), 244.
38. *Ibid.*, 249.

Chapter 3

TECHNOLOGY

*If you at last must have a word to say,
Say neither, in their way,
"It is a deadly magic and accursed,"
Nor "It is blest," but only "It is here."¹*

The innovations of technology are not only vast, but also rapidly increasing.

In today's society, technology plays a major role in the ways that we interact with others, and perform our everyday activities. Advancements in technology (knowledge associated with the industrial arts, applied sciences, and various forms of engineering)² can be seen in many areas, and one such area is in the field of medicine. Because of the major impact that technology has made in the areas that affect our health, careful consideration must be given to medical procedures that have been altered by technology. In the previous chapter I discussed the nature of the desire to have children. That discussion was necessary in order to be able to understand where the felt need for and acceptance of reproductive technologies originates. In this chapter I will focus the discussion on the impacts of technology in three different areas.

First, I will begin with a discussion of how technology affects society in general. In that discussion I will not discuss the pros and cons of technology, since not only is this task an extremely large one, but also it is not my intention to argue that the use of technology must be stopped. Instead, it is my goal to bring to our attention the need to restrict our use of and dependence on technologies, and more specifically, genetic-engineering technologies. After this discussion, my second argument will involve showing how technology in general has been problematic for women. This discussion will lead to my final argument, that new reproductive

technologies (hereafter referred to as NRTs) are problematic, and I will offer several reasons for this claim.

Let me begin with a discussion of limiting our use of technology.

1. Placing Limitations on the Use of Technologies

For this section it is important to note that I am not referring to all forms of technology, but to reproductive technologies in particular. There are many different reactions to the use and creation of technologies, which range from optimistic views to views that promote an anti-technology stand. Because we are living in a world that has become, for the most part, dependent on science and technology, an abandonment of technology is not realistic. What is needed is an understanding of the limits and boundaries that society must set and scientists must obey. These boundaries must be accepted and enforced in order for humans to avoid being controlled by technologies. I realize that many positive things have come from the advancement of technology, and I am not overlooking those, but what I am trying to argue is that there need to be limits to our use and expectations of technology. I will not give arguments for the advancements of technology, nor will I counter the following arguments with arguments and opinions that represent the good of technology, as that is not my purpose in this section. I am simply trying to show that even though the use of technology is not in itself a bad thing, it can be dangerous if we do not restrict our use of it. To explain the need for limitations on genetic-engineering, I will use Daniel Callahan's arguments.

Daniel Callahan argues that limits on technology are needed for two very important reasons. The first reason is that "limits need to be set to the boundless hopes and expectations constantly escalating, which technology has engendered."³ Society has become accustomed to

getting from technology most of what it desires, and as human desires accumulate we expect technology to fulfil them: "Advanced technology has promised transcendence of the human condition."³ But realistically, this transcendence is not possible. Technology cannot now or ever fulfill the infinite desires of human beings. Since resources are finite and human desires are infinite, it is unrealistic to expect that all desires can be fulfilled. People need to learn how to curb their desires and be realistic in regard to what they can expect from technology.

The second reason why Callahan argues that limits on technology are needed is ". . . in order that the social pathologies resulting from technology can be controlled."⁴ These pathologies are often the result of new technologies being introduced to correct the mistakes of the old, and of not holding those who introduce harmful technologies accountable for their actions. Although many technologies have been beneficial for helping or improving the human condition, for example in the case of extending life, technologies also introduce new repressions. To give an example, farm workers in India suffer the consequences of pesticide use, for crops that are being harvested for the Western world. These workers suffer birth defects, cancers, and other horrendous diseases, as many of the new pesticides are extremely strong and not yet tested.

As Callahan says, ". . . a science of limits must, as a minimal demand, be able to establish the legitimacy of prohibitions, repressions and interdictions in the use of technology."⁵ It is crucial for people to correct the view that technology is the answer to all our problems. We need to recognize our false hopes and realize that the progress of technology is limited. We need to accept that technology cannot provide the full measure of human happiness, and may in fact lead to unhappiness if, in a lust for infinite possibility, the reality principle is set aside even for a moment.⁶ A call for realism is needed in the human consciousness, in order to be set free from

self-imposed ideals which are harmful to our happiness. Callahan argues for the implementation of Sigmund Freud's cultural super-ego. This cultural super-ego would "...curb the desire for technological infinity and transcendence by scaling down the emotional and visionary demands made upon technology in the first place-by putting in their place a sense of radical finiteness, even a sense of guilt for demanding too much."⁷ This scaling down of demands will in turn limit our expectation of our desires needing to be fulfilled. Adopting a sort of skepticism towards the possibilities of technology will enable humans to take back their excessive confidence in what we consider the limitless possibilities of technology. Callahan is not calling for a rejection of technology, but rather, a realistic view of technology, in that, we should not expect it to fix all our problems. We have seen in the past (and still today), the negative consequences of many technologies, such as air pollution, cancer rates on the rise and diseases caused by genetically engineered food.⁸ In order to put a stop to problems such as those listed, we must limit our dependence on technology.

Callahan puts forth three interdictions which he claims are essential to limiting the control of technology. The first is concerned with the idea that technology shapes and changes the norms of society. Technological developments have been justified on the ground that they will increase freedom of choice, but this freedom soon becomes mandatory: "Specified choices--usually in the name of a responsible use of freedom--quickly make the new options mandatory, either by law, economic force or social custom."⁹ Callahan uses the example of genetic-counseling to illustrate his point. Genetic-counseling was originally intended to give couples the freedom to choose the avoidance of a defective child. When he wrote his article, in 1973, Callahan claimed that the "signs are already present that they (the parents) will in the future be considered socially irresponsible if they do not make use of their free choice to choose against

bearing defective children."¹⁰ Callahan's forecast was correct, because we see cases confirming it in today's society. Genetic-screening has become a norm in today's society, and when serious defects are detected, the couple is often persuaded to terminate the pregnancy, for various reasons. In such cases the choice may not be made free of coercion, but rather the consequences of not making the "right" choice (choosing the NRT or aborting the defective fetus because of social pressures) are often the reason for making the choice. Social stigmas, such as being viewed irresponsible and selfish, heavily influence the couple's decisions. The use of such technologies will inevitably become an option that society accepts as the norm.¹¹ Simply accepting it as part of life, and at times a necessary part of life, is what Callahan considers problematic.

The second interdiction Callahan puts forth is a prohibition of careless meddling in social orders and structures, and beyond that, a refusal to believe that the answer to the derangements of society is technological.¹² He says we must move away from the notion that (1) technology is the answer to all our problems, and (2) it is good to look to technology for all the answers. There are many technological optimists such as Emmanuel Mesthene who believe that technology holds the answer to all our problems and therefore should be welcomed and encouraged.¹³ But Callahan claims that we must avoid this type of thinking and try to develop answers without solely depending on technology. Technology can be used to help us, but not before we try to implement non-technological solutions. It is of my opinion that an issue related to this interdiction is that we often think that when a technology is introduced we must make full use of it. This type of behaviour makes us dependent on technologies. Simply to choose something else other than the newly introduced technology is a good idea. When we view technology as helping us in our quest for survival we become totally controlled and obsessed.

"When survival and technology join hands, a technological imperative is introduced; the technology must be used."¹⁴ Succumbing to every new technology is limiting our choices and options as humans. We leave no room for human possibility because we become immersed in technological possibilities.

The third interdiction that Callahan argues for comes from a need for a "psychological realism." He claims that "there must be an intuitive censorship of visions of a non-technology society."¹⁵ What is meant here by a non-technological society is a society that is not controlled and dependent on technology. Rational control over technology is needed in order to limit one's understanding and hopes of what technology has to offer. It is hard to imagine life without technology, and most people would view such a life as going back, rather than moving forward. What is important is when to move forward, instead of blindly moving forward towards all technological innovations.

But, how do we teach people to change their perspectives on technology? Not only are technologists attracted to technological progress, but so is much of our society. Of course there are critics who are opposed to technological advancements (especially medical technologies), but they often have very little impact on persuading the general public. Callahan claims that those opposed to technology (in his article genetic-engineering is at issue), have not been able to mount generally persuasive arguments.¹⁶ He argues that what is needed is not simply a logically sound argument, but rather an argument that "in addition to logical consistency, has a powerful emotional attractiveness, one sufficient to induce people to act or not act."¹⁷ The goals of genetic technologies play on human desires and emotions, claiming to fulfill our wishes and make life "better" for people. This emotive force is stronger than any logical argument put forth, and that is the reason why critics fail to persuade the majority of society in the area of technological

advancements. The voices of academics are lost and unintelligible to the general public, who are being led by their desires.

I realize that Callahan's views are disputable, but for the purpose of this section they convey my point. There is at least reason to question our use and confidence in technology because it has not always brought about positive consequences. Callahan, does not argue for an anti-technological stance, but rather, a cautious approach to technology. His arguments outline why caution is necessary, which is what I think is important for users to keep in mind. Although many will argue the opposite, I see no point in battling the two sides of technology. Like Callahan, I do not reject it, but rather, want us to be wary of it.

The next section will explore the problematic affect that technology in general has had on women.

2. Women and Technology

Women were greatly affected by the introduction of technology. Given the stereotypes that technology was considered man-made, scientific, empirical and mathematical, technology was not an area with which women involved themselves. Women were not often involved in the creation of technology, but they were said to benefit from the creations of technology, and were often considered liberated because of these creations. Work in the home was one area where technology has made a very apparent impact. Yet as feminist writer, Joan Rothschild says, although it may be said that technology has liberated women's work in the home, ". . . technology has aided a capitalistic-patriarchal political order to reinforce the gender division of labor and to lock women more firmly into their traditional roles in the home."¹⁸ The separation of the home and the workplace became even more apparent after the Scientific Revolution. The division of labor can be seen through history and in many cultures, hence the Scientific

Revolution is not the cause of women being designated to certain kinds of work, and men to others. However, it marks a noticeable time period when men's work moved outside the home, while women's work remained within it.¹⁹ Because men spent so much time involved in work outside of the home, the work of maintaining the household fell into the hands of the woman, and it became her primary job to take care of the home. "Woman's work at home was deemed natural to woman because of their biology, and by extension, temperament."²⁰

As Rothschild claims, technology provided women with gadgets to make housework easier, but, technology did not liberate women from their household role.²¹ Instead of technology increasing women's freedom, technology has reduced it. Certainly, the creation of things such as the vacuum cleaner, dishwasher, and washing machine has made some household chores easier for women, but these roles were still designated to the women, and these creations were made to help women with the housework, not to free them from these roles. Even with the invention of such gadgets, the woman's housework was not lessened, because now with her free time she was designated the family-counselor, hostess and chauffeur. Note also that these advancements in household technology were experienced only by those who could afford them. Therefore, single women, and women who were not as financially capable, would experience an increase in their work-load, because outside paying work was needed to survive financially, and work in the home still needed to be done. The more wealthy experienced the benefits of technology, while the others found themselves in more demanding and strenuous roles.

Rothschild also claims that technology has made women dependent on its products and the companies that produced them. The woman's ability to think and be innovative was not encouraged, but rather silenced. "Products carry minute, step-by-step instruction, leaving little room for initiative or ingenuity, and programming women to be docile consumers and

workers."²² If and when a gadget broke, many women were forced to depend on the men who had the knowledge to fix it, therefore creating a dependency of women on men's expertise in an area that was often considered off-limits to women. A woman's intelligence or knowledge became limited to household matters, and did not encompass the technical side of things.

I will not deny that many of Rothschild's claims might be open to dispute, however, her arguments at the least put in question the easy assumption that technology has been an unqualified benefit to women. Of course, many women have benefitted from the advancements of technology, but that is not reason to deny the grounds for scepticism about the benefits for them that are often attributed to technology. The point I am trying to make is that women should question the advancements of technology, especially when they are said to be created in the best interests of women.

2a. Women and Nature

The Scientific Revolution brought about more than just new technologies, but also a new image of nature. With the emergence of the Scientific Revolution came the desire to take over all that was natural. Respect and valuing of the earth, what was natural, was subdued by the invention and importance placed on technology. Dominance and control over living things was the goal; and technology was seen as the answer. Sir Francis Bacon, the 17th century English philosopher, claimed that nature was not to remain a mystery, but rather man's goal was to be master and controller over nature. "Through inductive science man is to recapture his dominion over nature long forfeited and long prevented through the efforts of erring philosopher and men of learning."²³ Respect for nature was not promoted since nature was simply something that could be studied, learned and duplicated.

Bacon's arguments were forceful and encouraged the domination of men over natural systems, that is, the domination of science and technology over all that was natural. "They (scientists) do not, like the old, merely exert a gentle guidance over nature's course; they have the power to conquer and subdue her, to shake her to her foundations."²⁴ The goal was to strip nature of her secrets, so that man would finally be in control of her. This domination of nature and the image of the world as "man-made," came to be core-concepts and controlling images of our modern world.²⁵

Carolyn Merchant argues that, "an organically oriented mentality prevalent from ancient times to the Renaissance, in which the female principle played a significant positive role, was gradually undermined and replaced by a technological mind set that used female principles in an exploitative manner."²⁶ The nurturing image of the earth, provided social and moral constraints restricting the actions of human beings with what was natural; for one does not readily slay a mother, dig into her entails for gold, or mutilate her body.²⁷ The exploitation and innovations of science and technology, broke down these constraints and allowed men to roam free and probe into nature. The respect for nature and its sacredness was replaced by a fascination with uncovering her (nature is often regarded as female) deep secrets.

As Ynestra King, a feminist ecologist, claims, "... in the process of building western industrial civilization, nature became something to be dominated, overcome, made to serve the needs of men."²⁸ And, because women were associated with nature, these characteristics of nature shaped the ways in which women were thought of and treated. Technology was thought of as being able to correct the imperfections of nature, and improve what nature has provided us with. Nature was then considered knowable, and duplicatable. Simone de Beauvoir claims that

"... nature became 'other,' something essentially different from the dominant to be objectified and thus subordinated."²⁹

The dominance of technology over nature, has reinforced the dominance of men over women, as men are primarily associated with technology, while women are with nature. It would only follow that this subordination and control exerted by technologies would be found in all areas that technology influenced. In the medical field, although technology was responsible for advances, it has also influenced in questionable ways how we treat and view women's experiences.

3. Technology and Medicine

Until the 17th century in western civilization, men did not participate in childbirth. Midwives were solely in charge of helping women give birth. As specialized medical schools started to establish themselves, expertise in certain areas was held by those who attended those schools. Because women were not allowed into medical schools, they were unable to obtain the formal training and education being offered.³⁰ Men, on the other hand, were able to gain this specialized, licenced training and they started to take over the practice of delivering babies by introducing new technologies, such as the forceps, that would only be available to licensed physicians.³¹ Licenced physicians also began to criticize the practice of midwifery by claiming that the midwives exposed women to unnecessary and harmful risks, while physicians, with their formal training in the area, were more skilled and professional. Under early capitalism, women's roles in the childbirth process were limited to simply giving birth, while men took over the job of delivering the babies and monitoring pregnant women.³²

Midwifery was challenged by the technological age, which threatened and to a certain degree reduced the mother's autonomy and control in child bearing. Elizabeth Sharp, a registered

midwife, claims that with the process of childbearing transferred from the hands of midwives to physicians, midwives found themselves moving from women's homes to hospitals and clinics where they become subjected to the institution's policies of health-care.³³ These policies consisted of patients being treated within the hospital setting, and by licensed medical practitioners, instead of at home by midwives. The new ethical standards, goals, and policies were different from those that midwives had shaped their duties around, and they had no choice but to comply with these new missions. In order to gain acceptance, midwives would have to adapt to the patterns of physicians and institutionalized health care. Because of the technological advancements seen in hospitals, midwives found it difficult to promote a more natural process of reproduction (one that did not include drugs or an unfamiliar location), as they were being overpowered by technologies such as intravenous therapy and electronic fetal monitoring.³⁴ Midwives have also been undermined by being regarded as a substitute for a physician. This role puts midwives in a less knowledgeable and authoritative role, being seen as simply a fill-in for the physician.

3a. The Medicalization of Women's Experiences

With the advent of medical training in the area of women's bodies, physicians began to gain control over all aspects of women's health. As Susan Sherwin states, "... medical authorities have created a series of double binds for women, by characterizing as pathological various bodily and mental states that are typical of women. They have, for instance, declared that normally both menstruation and its cessation (in either pregnancy or menopause) are appropriate subjects for medical treatment."³⁵ Women going through the normal cycles of womanhood are often confused because medical authorities persuade them that there is no normality in their experiences at all. Medical treatments are then sought for all womanly

experiences, such as menstrual cramps, weight-gain, and child-birth, for these experiences are now characterized as medical illnesses in need of medical treatment: "Classifying the ordinary events of women's lives as illnesses licenses wide-scale medical management of women under claims of beneficence."³⁶ But this is not to say that medical intervention is unnecessary for all women's experiences in pregnancy, menopause, and so on. Simply because they are ordinary experiences in women's lives does not mean that medical intervention or labels of illness should never be applied.³⁷ There are many situations in which women undergo serious complications which entail painful suffering, near-death experiences and harmful risks. For these situations, it would be foolish to resist medical intervention, as this type of intervention would either improve or even reverse the negative effects.

3b.(i) Medicalization of Infertility

Many feminists claim that society's approach to infertility is distorted by viewing it as an illness to be cured and taken care of, rather than a physical difference that people may or may not wish to take steps to affect.³⁸ When infertility is viewed as a medical condition, women are expected to obtain treatment for their abnormality. The medicalization of infertility sets up behavioural norms that weigh heavily on a woman's decision whether to seek the help of infertility treatments.

Feminist writer Anne Donchin claims that although infertility rates have remained fairly constant over the past decades, hospitals, researchers, and advocacy groups have been generating a sense of alarm about "the epidemic" of infertility, treating it as a disease in need of being cured.³⁹ These groups stress the idea that the infertile person suffers tremendously, and will benefit from new infertility treatments (some of which are still undergoing research). Because of the increasing availability and publicity of NRTs and other infertility treatments, infertile women

are finding it difficult to move forward as childless. They find themselves un-accepting of their natural state and seek medical help for their now perceived health problem. Many women's groups fight for the suppression of the development and application of fertility technologies. One is the Feminist International Network of Resistance to Reproductive and Genetic Engineering (FINRRAGE). These groups claim that infertility treatments only reinforce the oppression of women by giving scientific and therapeutic support to the patriarchal presumption that reproduction is women's prime commodity.⁴⁰ Donchin claims that the medicalization of infertility promotes the notion that women who are infertile need help curing an illness, which in turn, makes them dependent on and desperate for medical treatment. Keeping this created dependency in mind, the infertile woman finds it hard to regain control over her life, for the medical professional will continue to control her.

3b.(ii) The Medicalization and Socialization of Infertility

As was discussed in the last chapter, there is tremendous importance placed on childbearing that serves as definitive to our understanding of what it means to be "women," which has been instilled in us through external influences such as religious norms. Because of the initial importance placed on childbearing through socialization and the treatment of infertility as an illness or disease, infertile women have a heavy burden to bear. The burden and stigma of infertility affects women psychologically, emotionally and physically, and it is worthwhile to note these affects.

3b.(ii-a) Psychological Effects of Infertility

Because of the many social variants that place importance on reproduction and have influence on the minds of women, infertility brings about psychological stress that at times can be considered unbearable for couples that are infertile. Many medical professionals, such as

Cathy Johnson, are now dedicated to helping women overcome the stigma surrounding infertility. She claims that because of the negative connotations associated with infertility, women are experiencing personal and psycho-social problems, the worst of which is negative affects on their self-esteem. As we have seen, procreation has a central meaning to the identity of women, and because of this, women who experience infertility experience problems with their self-esteem. They no longer feel as if they are truly women. An infertile woman will often feel as if she has lost control over her body, goals, and happiness. Since the desire to bear children is so deeply entrenched in the minds of women, anything else the infertile woman achieves (whether it is a job promotion, or even purchasing her first home), does not take away from her feelings of failure, incompetence and lack of success. Johnson claims that if power is a precursor to self-esteem, then it is essential that the care provider develop strategies that help the infertile woman to regain her power.⁴¹ Johnson claims that if the infertile woman is educated as to the known causes of infertility, she may be able to make sense of her infertility, which in turn, may allow her to feel in control of the situation by assigning a known cause to the problem.

3b.(ii-b) The Role of Language in Infertility

Johnson discusses the negative role that language plays with respect to infertility. She claims that the word “childless” is often used to describe the infertile woman, and as a result, the definition and understanding of “woman” is reduced to “mothering.”⁴² Johnson states that “language is important in developing one’s own identity and definition of self. The words to characterize the infertile woman are cast in the negative, in terms of what is missing.”⁴³ Because society expects its members to be a certain way, the infertile woman feels as if she is living in a world that she does not fit into. Johnson claims that medical professionals need to help women identify themselves beyond their reproductive function. They should identify themselves in respect to what they are and not what other people expect them to be.

3b.(ii-c) Perceptions of the Infertile Body

In regard to how infertile women view their bodies, Robyn Rowland states that, “. . . infertility can batter the self-definition of a woman.”⁴⁴ Many women feel worthless, emotionally distraught, powerless, and less of a woman when confronted with infertility. Many infertile women perceive their bodies as defective and worthless, often describing themselves in negative terms, or as barren, empty and hollow.⁴⁵

Rowland claims that the belief that women's bodies are designed to carry children enforces the negative self-image that infertile women have of themselves. “Furthermore, because pregnancy, and subsequent parenthood, involves the creation of an extraordinarily intimate bond with another person . . . the inability to bear a child can create feelings of emptiness and sadness unlike any other experience in her life.”⁴⁶ Infertile women feel an incredible sadness because they will not be able to experience carrying and bonding with their child.

3b.(ii-d) Social Failures of Infertility

Infertile women often believe that they have not only failed physically, but also socially, because they view their condition as contributing to their being left behind in life, by not being able to participate in what they consider a normal event. Infertile women often feel inferior to fertile friends who conceive and give birth with ease.⁴⁷ The infertile woman often has a hard time visiting couples who have children, and often feels jealous and sad when her own siblings have children of their own. Infertile women do not usually deal with their infertility in public because other people often avoid the subject for fear of depressing or inflicting emotional pain on the infertile woman. Other people often treat the infertile woman as sick and emotionally fragile, avoiding talk of other people's children or other pregnant people. Infertility is usually not spoken of in front of family and friends for fear of embarrassing and hurting the woman, who

is now perceived as unable to fulfill her life's goal. Because there is such importance placed on having children, women who are unable to do so feel as if they are not part of the norm, and often have difficulties adjusting to the fact that, unlike women around them, they cannot have children.

4. The Need for a New Understanding of "Health" and "Illness"

Because of the negative consequences caused by infertility being deemed an "illness," it is necessary to reconstruct our understanding of infertility. The terms "health" and "illness" shape important social roles. They set the boundaries for the dominance of medical authorities and determine the responsibilities and privileges of those individuals who are designated as ill.⁴⁸ When we are ill we allow medical professionals to dominate and control our bodies because we believe them to have the expertise and knowledge of how to make us healthy. Individuals who are labeled as "ill" are often stigmatized and treated differently from those labeled "healthy." Viewing women's experiences as illnesses allows medical professionals to take control over women, helping them get better. There is disagreement with the common medical view that treats the physical, emotional and psychological aspects in isolation from one another.⁴⁹

4a. Changing Our Understanding of "Healthy Bodies"

It may also be beneficial to examine our current understanding of what we consider as "healthy." As Barbara Katz Rothman claims, our society tends to organize people according to "the standard human model" as able bodied, having what are considered typical functional abilities.⁵⁰ Because of this perception of what normal people should be capable of, infertile women can be considered disabled, or having a handicap ('handicap' defined as a socially, environmentally and personally specified limitation⁵¹). Rothman says that we should keep in mind that there are women who choose not to have children, hence, these terms should not be

applied to all women who do not bear children. But those affected by infertility are usually considered in these terms. Rothman is not advocating the suppression of infertility treatments, but rather the implementation of these treatments and technologies in such a way that proves not to be detrimental to women's autonomy and happiness. Rothman states, ". . . I think we as a society need to think about infertility as we need to think about any other disability. We need to see it as a multifaceted problem. Some of it can be prevented, some can be cured, and some needs to be lived with."⁵² She claims that the solution does not lie in an abandonment of NRTs but a better use of them. Women need to be encouraged to examine their situation instead of lunging toward these technologies. Rothman does not use the term "disability" in a negative way (meaning an impediment and inability to fulfill one's goals), but rather, as denoting another way of living. She claims that a change in societal attitudes toward infertility is necessary in order for infertile women to be able to cope with their perceived loss. It is important that we do not jump to the conclusion that the sadness and grief that infertility does cause many women should be overlooked or denied simply because we believe that women are more than just mothers. Rothman's solution calls for an acceptance of one's natural state, and learning to live with those differences.

So far in this chapter I have shown (1) the need to be wary of our acceptance of technologies, (2) the effects of technologies on women, (3) the emergence of technologies as a dominating force over nature, (4) the merging of technology and medicine, which affected the treatment of childbirth, and (5) the affects of medicalizing women's experiences (such as infertility) added to the socialization of women as "mothers." The purpose of this discussion as a whole is to outline the history of technology in general and in more specific how technology affects women. Because of the mentioned negative affects of infertility, NRTs emerge as hope for the infertile couple. In the next section I will discuss how NRTs affect women.

5. Effects of Reproductive Technologies

Reproductive technologies have been around for quite some time, and at first women were thrilled with the idea that they could take control of their own reproduction. The birth control pill allowed women to have sex without worrying about getting pregnant, and this gave women a great deal of control over their sexual lives. But, the technologies did not stop there. As Joseph Fletcher states, reproductive technologies have paved many a path: "we first found out how to have sex without having babies, and now we are finding out how to have babies without sex."⁵³ NRTs allow conception to take place outside the human body, so sexual intercourse is no longer needed to make a baby. Fletcher claims that modern technology is not trying to understand reproduction, but rather, trying to change and control it. Scientists see this control as necessary in the betterment of human lives, because of the choices and changes that these technologies allow humans to make. With NRTs scientists are able to ensure that children are not born with diseases or fatal illnesses. Now, "for the first time in the evolution of life a living creature (man) has both the understanding and the ability to design itself and its future."⁵⁴ No longer is the creation of life a mystery beyond human understanding; it is now in the grasp of curious scientists who now have the knowledge to create life. But with this knowledge comes negative consequences for women willing to undergo NRTs.

In the next section I will examine the different affects that NRTs have on women. I will begin by examining the problematic nature of the initial process which consists of the organization and administration of the technology. I will then move to the treatment of women who undergo NRTs. My aim in structuring the next section this way is to track the problems that are brought about by NRTs from the start and then show how the negative affects continue.

5a.(i) Experimenting on Women

Many of the NRTs are still in their early stages of development, yet they are being offered to infertile couples. Many of the effects of these technologies are still unknown, even though they have been in practice for many years now. FINRRAGE (Feminist International Network of Resistance to Reproductive and Genetic Engineering, discussed earlier) emphasizes the experimental character of the techniques, and the degree to which women are unwillingly exploited as research subjects under the guise of therapy.⁵⁵ They argue that women's health has already been compromised because of medical interventions such as the intra-uterine device, hormonal contraceptives and the medicalization of childbirth. Proponents of this view do not claim that infertility warrants no attention. They claim, instead, that more attention should be given to the causes of infertility than to treating patients who are infertile. Infertility should be treated as a natural bodily condition, rather than as an illness or a disease. FINRRAGE claims that the medicalization of infertility almost forces infertile women into perceiving themselves as unhealthy, and if infertility were treated in a more positive way, then women would not be drawn into the notion that using these new technologies is imperative to their happiness and so submit themselves to excessive bodily invasions.

Many groups advocate not only the use of infertility treatments, but also the advancement of research in this area. These groups claim that medical intervention may help infertile couples live a life of happiness, and is the only alternative to social stigmas. These groups tend to overlook the impact that infertility treatments have on the way that women view their bodies. Infertility treatments tend to isolate the "diseased" reproductive organs, which causes women to view their bodies as having separate parts, instead of viewing their bodies as wholes, and they view their infertility as a threat to their well-being. The medical practice

reinforces this notion of defectiveness by prescribing treatments for the infertile part, rather than endorsing an acceptance of the body regardless of its capacity to reproduce. Hence, the institution of medicine plays a major role in the valuing of reproduction.

5a.(ii) The Motivation Behind the Technology

It is important to remember that technology transforms not only the ways in which people think about health, sickness and medical care, but also what doctors do. It is necessary to understand the motivation and goals of medical technologies, especially when they are directly intertwined with human lives, happiness and well-being. The creators of reproductive technologies often pride themselves on being able to help women in fulfilling their maternal needs, and thereby being in tune with what women want. But is this always the case, or is it even the case?

Michelle Stanworth, a feminist ethicist, makes the claim that these reproductive technologies are not often made with the interests and needs of women as the leading motivation for their creations, but rather, reproductive technologies are made with other goals in mind. Stanworth claims that often the goal of reproductive technologies is the enhancement of the status of the medical professionals who are involved in the creation of the particular technology.⁵⁶ Often, ambitious scientists get caught up in the desire to create what is considered natural, because of the so-called mystery involved. Financial interest is also heavily embedded in the motivation behind the creation of reproductive technologies, as this privatize business (in the U.S.) brings in upwards around 100 million dollars each year.⁵⁷ An increase in funds is also a result of these creations, since the scientists who claim to have specialized knowledge involve themselves in a bargaining between money and the knowledge of how to create life. Once a company has the knowledge of how to create life, other companies (who want this knowledge)

offer money in exchange for the information. The knowledge of creating life is not only valuable but also allows the medical professional to assume that he knows all there is to know about reproduction.

5a.(iii) Who is in Control?

These new technologies transfer the expertise and knowledge of not only pregnancy, but also of women and their bodies, from actual women going through the process, to medical practitioners who do not experience any of it first hand. Because of the advancements in reproductive technologies or even medical technologies in general, the medical practitioner believes that he understands the situation better than the person who is doing the actual experiencing. In this situation, the woman is told what she will be experiencing instead of allowing her to have her own experiences. If the doctor assumes that he knows what the woman should be experiencing, woman may feel as if her experiences are not worthy of being spoken about, as they may not be considered important to the doctor. The woman is no longer part of reproduction, but often finds herself outside the process.

Doctors often choose what information they tell their patients in regard to reproductive technologies. Often times, the doctor assumes that the woman wants to have a child more than anything else and will try to at any cost, whether it be financial or physical. Because of this perceived desperation to have a child, women are often not exposed to the truth when considering NRTs. Endorsers of NRTs do not paint a fair or true picture of these technologies, in hopes that society will welcome these "miracle" technologies with open arms. Sure, these technologies do make it possible for some women to have children when without the "help" they would not be able to do so, but this image of success often overpowers the whole picture. As Kathryn Pauly Morgan states, women are exposed to "illusory images of success which

camouflage high rates of failure, iatrogenically induced disease and loss of life resulting from procedures allegedly done in the name of 'safety' and coercion and loss of control masquerading as enhanced reproductive choice."⁵⁸ The idea of being blessed with a child is embedded into the woman's mind, making the risks and negative consequences forgotten. The success rate for many NRTs is extremely low while the emotional and physical costs are high, as I will argue. Since, advocates for NRTs do not expose these truths, many women agree to the procedure without knowing the whole truth.

Morgan also makes the claim that the voluntary aspect of reproductive choices by women is eroded through submission to technological imperatives of the medical establishment.⁵⁹ Although women seem to have a sense of freedom among all the choices and options NRTs seem to offer, once she is involved in the process the freedom and control which the woman may have had disappears. She now becomes dependent on the medical experts. "And it is this group of experts who will create, monitor and bring into existence the desired child, the new life, not the biological mother."⁶⁰ Women find themselves totally submissive to and dependent on the medical professionals; experiencing a loss of control over the process and their own body. As Morgan points out, NRTs contribute to the loss of a woman's bodily integrity. Through repeated invasive procedures such as superovulation, puncturing with needles to search for eggs that are ripened, embryo implantations and so on, a woman's bodily integrity is lost.⁶¹ Many of these procedures are dangerous, painful, psychologically, emotionally and physically traumatizing. "Values of autonomy, bodily integrity, reproductive control and choice are destroyed as the medical conglomerate, family, friends, spouses, and often the woman herself, become increasingly fixated on the achievement of fertility."⁶² The NRTs takes control of the woman's body, emotions, and thoughts.

5a.(iv) Considering other Options

Infertile couples are most often directed to NRTs when searching for answers to their infertility, and this is problematic. Feminist medical ethicist Naomi Pfeffer claims that because of a couple's involuntary childlessness, the infertile couple is often labeled as being in a state of desperation. Even if infertile couples do feel desperate, there are many other emotions that infertility can arouse, including positive aspects to childlessness that are often not mentioned. When the label "desperation" is assigned to those infertile couples, the idea of urgency and immediate medical intervention is assumed, in hopes that the problem can be solved. "Infertile couples are regarded as desperate by the professionals they consult, and they learn to comply with the stereotyped expectations applied to them, so that they may ensure their place in oversubscribed infertility programs."⁶³ Since infertile couples are considered desperate, the examination of alternative options is often overlooked, and the proposal of infertility treatments is plunged into head first. According to Pfeffer, professionals often tend to overlook other options, such as adoption, going on a holiday, or rethinking the need to even have children. The professionals assume that the infertile couple will want to have children of their own by any means necessary, hence desperate for the help of NRTs. The problem that Pfeffer is addressing is that the whole extent of the infertile couple's feelings are not being considered, but instead the negative ones are being pushed to the forefront. Because of an over-emphasis placed on negative feelings such as desperation, doctors assume that the couple's only solution is turning to NRTs. This way of thinking and treating individuals is extremely harmful, since they might actually not want this solution, and would rather choose some other alternative if they were aware of it.

Up to this point I have been discussing the concerns that arise in the initial organizational process of NRTs. Issues such as experimenting on women, motivation for the technology and offering other possible options to NRTs are issues that arise before the choice to pursue a NRTs is made. The next discussions will address some of the issues that arise when choosing a NRT.

5b. Freedom to Choose

The issue of "free" choice, is an issue that is of concern to many feminists. The problem is this: is the woman choosing to use an NRT for reasons of her own? This point is addressed by Kathryn Pauly Morgan, who claims that what women are told is a "free" choice is often presented in a context of coerced voluntariness.⁶⁴ Coercion and control are camouflaged by language and practice that are characterized as benevolent, therapeutic and voluntaristic, which fool women into believing that they are in control.⁶⁵ The motivation behind the technology and the need for it is hidden. Morgan makes the claim that many women continue to live under and are dominated by a situation we might call "obligatory fertility" or "compulsory motherhood". Keeping this view in mind, women can not truly be making "free" informed choices. Women often find themselves needing to have children in order to fulfill the role of being "woman" and "wife". Reproduction is seen as an achievement, while the absence of it is seen as a failure.⁶⁶ "Under patriarchy, pronatalist maternal ideology makes the conceiving and bearing of children definitional of the 'true' woman, the 'complete' woman, the 'good' woman and, now the 'Superwoman'".⁶⁷ These NRTs encourage women to keep trying to bear children, instead of being content with who they are, and what they can naturally do. NRTs feed the insecurities of women who feel their sense of identity slipping away because of their inability to bear children, and this process not only devalues women, but also takes advantage of their insecurity and vulnerability.

5b. Freedom From Oppression

In order to understand whether the choice to use a NRT is one that is made voluntarily, we need to examine the historical context in which it is made out of. Susan Sherwin argues this point by stating that feminist ethics asks us to look at the social arrangements and cultural values that underlie people's drive to assume the risks that are posed by NRTs.⁶⁸

Many women are persuaded that their most important purpose in life is to bear and raise children. These women are told that their lives are incomplete and that they are lacking in fulfillment if they do not have children. Sherwin claims that feminist ethics invokes a concept of reproductive freedom under which women should be free to say no or yes to reproduction. This concept of freedom does not entail the traditional conceptions of individual autonomy, because those other conceptions of autonomy do not take into account certain systematic factors of oppression. Freedom and autonomy in traditional usage involve making choices within a system that feminists claim is oppressive to women. Sherwin claims that reproductive freedom requires that women be free to define their roles in society according to their concerns and needs as women, and free from the economic, racist, and sexist oppression that prevents choices in other aspects of life.⁶⁹ Reproductive freedom would not only allow all women to have the access to NRTs, but also the freedom to choose not to use NRTs without guilt or the feeling that they will not be able to live a happy life. Although NRTs are introduced and advertised within the context of offering women the freedom to choose, feminists mistrust them (NRTs) because they remain intertwined with key social forces that are oppressive to women in general.⁷⁰ An example is in-vitro fertilization (IVF). Because of the high costs involved in IVF, the message being sent may be understood that it is more important for the economically privileged to produce children of their own genetic type than to adopt a child of a different background.

Feminist ethics urges people to look elsewhere for the solutions to the problems of infertility. Not only should more money be invested in research aimed at reducing and eliminating the causes of infertility, but also and more important, changes should be made on the social front (issues that will be discussed in the fifth chapter). Sherwin claims that we must continue to strive for a change in the status of women and of children in every society, from being breeders and possessions. Hence we must develop a vision of society as a community where women and children are valuable members.⁷¹ We must challenge the notion that having a child of one's own is the way to fulfill one's life.

Conclusion

The impact of technology on people has been both positive and negative. It is obvious that many people will not agree with the statements and claims that have been discussed in this chapter, as many people do not view technology in a negative light. It is important to keep in mind that I am not advocating an abandonment of technological advancements, but rather, a more cautious acceptance of them. In regard, to reproductive technologies, many people hold the view that NRTs are a blessing for couples who are having trouble conceiving, but the idea that I am trying to get across is that we should question such technologies, instead of immediately accepting them. We must keep in mind that these technologies operate within a patriarchal framework and have evolved as treatment to infertility, which is considered a condition in need of treatment. Because women in general have identified themselves primarily with the role of "bearers of children," infertile women are pressured into accepting NRTs as helping them fulfill this role attributed to being a "woman." I do understand that many women and feminists consider reproductive technologies as a way of women gaining control over their bodies, but I am not fully convinced of this claim for reasons that I will discuss in the next chapter. In the following chapter I will examine IVF and the arguments for and against its use.

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Chapter 4

ARGUMENTS FOR AND AGAINST IN VITRO FERTILIZATION

It's embarrassing. You leave your pride at the hospital door when you walk in and pick it up when you leave. You feel like a piece of meat in a meat-works. But if you want a baby badly enough you will do it.¹

(Anonymous)

There are many conceptive reproductive technologies that infertile couples have been introduced to over the years, the most popular one to this day being IVF. The popularity of this technology has been sparked by the promise of fulfilling the desire to bear a child. As discussed in the second chapter, for many women the desire to bear their own child has been embedded into them through various means. If this perceived need cannot be fulfilled due to infertility, the woman often feels incomplete and desperate. These feelings often prompt doctors and specialists to recommend the use of infertility treatments, one such being IVF. The reason I have chosen to discuss IVF instead of artificial insemination, surrogacy, or any other NRT, is because IVF is getting the most positive attention from the medical field, and that, in turn has influenced the public's perception of this technology which is often seen as a "miracle technology." Because many women are now enrolling into IVF programs we should try to understand and analyze the motivations and moral dimensions of this technology. While many specialists recommend the use of IVF, many feminist bioethicists are wary of its uses.

In this chapter I will explore the status of IVF by examining arguments for and against IVF from both a nonfeminist bioethical point of view and a feminist bioethical one. In the first section I will begin with an explanation of the medical procedure. In the second section I will discuss nonfeminist bioethical arguments regarding IVF. In this second section I will discuss: (1) the status of the embryo, (2) whether the artificial creation of life can be justified, and (3) the

risks of the procedure. In the third section of this chapter I will examine feminist bioethical arguments regarding IVF. The two areas that I discuss in this section are: (1) the issue of control, and (2) the message that IVF sends. It is my view that these two points are of particular importance, as it is here that we can directly see the effects that IVF has on women and how they understand themselves.

I will begin with an explanation of the medical procedure.

1. The Medical Procedure

In 1978, Drs. Patrick Steptoe and Robert Edwards successfully fertilized an egg externally and then transferred it into a woman's womb, to create the first test-tube baby, Louise Joy Brown. Although the media referred to this accomplishment as "new," there were many other researchers working in this area well before the creation of baby Brown. The term 'in-vitro fertilization,' means literally, fertilization in glass.² The creation of life occurs outside the human body in a petri dish. The specialist stimulates a woman's ovaries with fertility drugs to produce multiple eggs. The specialist/doctor then retrieves the eggs by one of two means: laparoscopy or transvaginal ultrasound-directed oocyte retrieval (TUDOR). The laparoscopy procedure involves the physician making a small incision near the navel of the woman and then inserting the laparoscope (a thin, fiberoptic tube with a light and an optical system at the end). By inserting the needle through the vaginal wall, rather than through the abdomen as in the TUDOR procedure, the physician retrieves the eggs with a long hollow needle fed through the laparoscope. After the retrieval, the physician places each egg in a separate glass dish and combines it with semen from the donor or partner.³ The eggs that are successfully fertilized are then implanted in the woman's uterus, to develop into a full-term pregnancy followed by the birth of a child.

2. Nonfeminist Bioethical Arguments Regarding the use of IVF

There have been many arguments brought up that question the use of IVF, ranging from the status of the embryo to the health risks posed to the mother and child. In this section I will discuss a few of them.

2a. The Status of the Embryo

Nonfeminists bioethicists are concerned with the controversy surrounding the moral status of the embryo. Some argue that because the embryo is a member of the Homo-sapien species, and has the future capacity for sentience, self-consciousness and so on, killing or discarding unused embryos is morally wrong.⁴ Because the embryo has the potential of becoming a human being, discarding left-over embryos would be comparable to killing potential humans. Advocates of this position claim that the right to life argument applies here, in that embryos have a right to be gestated in the woman's womb.⁵ Many bioethicists argue that the embryo should have the same moral status as an orphaned or abandoned child, and so unused embryos should be put up for adoption. This view places greater weight on ensuring that the life forms that are already here are taken care of and treated with respect. The potential human beings (the embryos), should be treated with respect, as they are life forms with the potential of becoming persons.

There are those who argue that the existence of potential does not justify the treatment of embryos as humans. They argue that the embryo is not a developed human being, so it should not matter if it is discarded; it is simply a collection of cells, tissues, and organs, which are human materials, but not an actual human being or person. The medical field is currently experimenting on embryos in hopes that the cures to different diseases can be found (stem-cell research), but the issue of what to do with left-over embryos is still under debate.

Medical ethicist Joseph Fletcher puts forth an argument that supports the use and development of embryos in order to serve our interests.

2b. Justifying Genetic-Engineering

The argument that Joseph Fletcher puts forth is controversial. Although many people find his views immoral, I have included them to illustrate an alternative, or rather more positive way of viewing NRTs. Fletcher asks us to examine the question of whether we can morally justify the goals and the methods of genetic-engineering. Fletcher objects to arguments against genetic-engineering procedures such as IVF that oppose these technologies on the basis of being “unnatural” or “against God’s will.” Fletcher argues that if we consider the greatest good for the greatest number (ie., the social good), it would be justifiable to use genetic-engineering to eliminate diseases in potential humans, allowing us to replicate healthy people.⁶ If children can be born void of any genetic diseases then genetic- engineering would be justifiable, since its utility would produce more good than harm. Fletcher also argues in favor of genetic-engineering on the grounds that bio-engineered or bio-designed “humans” could be designated to fight wars or assigned to other dangerous roles needed for the communities welfare such as: “. . . the testing of suspected pollution areas or the investigation of threatening volcanos or snow-slides.”⁷ Instead of losing our loved ones to these dangerous but often necessary jobs, bio-engineered “humans” could be used, thereby eliminating our losses.

In response to the objection that the laboratory reproduction of human being is no longer human procreation, Fletcher argues that it is the reproduction of life in the laboratory that is a product of human beings: “Man is a maker and a selector and a designer, and the more rationally contrived and deliberate anything is, the more human it is.”⁸ In his view, laboratory reproduction is more radically human than conception by ordinary heterosexual intercourse, since it is the former that is willed, chosen, controlled and purposed. Fletcher refers to coital reproduction,

often the result of love-making, a fun activity, as “genetic roulette,” while production that is controlled and purposive, demonstrates traits that distinguish Homo-sapiens from other animals. Fletcher claims that IVF and other such technologies challenge humans, in that we must use our reason and knowledge to understand how to reproduce.

Many would disagree with Fletcher, but he does offer a response to a criticism of IVF. This criticism claims that IVF and other reproductive technologies are unnatural since the child is conceived outside the womb, or because it is not a natural occurrence but rather a scientific one. Fletcher believes the opposite, that reproductive technologies challenge humans and allow us to use our full rational potential, which should be used since it is our capacity to act rationally that separates us from lower life forms.

2c. The Risks: Known Risks

Another concern regarding IVF is the risks involved to women. There are many risks involved in this procedure, beginning with the overstimulation of the woman’s hormones. Super ovulation (as it is often referred to) is brought on by the fertility drugs, which makes women produce more than normal numbers of eggs during their cycle. These drugs put pregnancy at risk by often causing miscarriages and stillborns, and can cause cancerous ovarian tumors.⁹ It is estimated that 27% of IVF patients develop ovarian hyperstimulation syndrome, which can cause renal impairment, liver dysfunction, shock and even death.¹⁰ Research is still being done on the affects that hormonal drugs given to women undergoing IVF have on their chances of developing hormonal, ovarian and breast cancer.

2c. (i) Risks to Children

There is some information available regarding the risks to children born of IVF immediately following birth, but not long-term. Some of these risks are: (1) approximately 4-5% of IVF births are healthy births, (2) approximately 24% of IVF births are multiple, and 65% of

those births have low birthweight (minor and major neurological and sensory disabilities occur more frequently in low birthweight infants), (3) 17% of single IVF births have low birthweight (30% of those are under two pounds), while only 5% of normal births have low birthweight, and (4) the mortality rate per 1000 total IVF births for perinatal IVF children (still in the womb) is approximately 44.2 and 12.6 neonatal IVF children (rates unknown for normal pregnancies).¹¹ Many babies born due to IVF are underweight and may suffer from health complications more than babies born from natural conception.

It is also important to remember that the success rate of IVF is incredibly low: "The success rate at the best IVF clinic in Canada is 13 per cent; the majority of Canada's twelve IVF clinics have success rates of 8 percent or lower."¹² Since the success rate of IVF is so low and the potential of risk high, specialists should ensure that couples understand that they may be putting themselves at risk. Since the technology is still fairly new, it is nearly impossible to make any factual claims regarding its long-term effects on both women and children. Since many couples who enter into IVF programs are ignorant of the potential risks involved, as are many of the medical specialists performing the procedure, there is a need for a better understanding of the risks.

Nonfeminist bioethical arguments and feminist bioethical arguments overlap in this concern regarding the risks involved, but go in different directions after that. For feminists, the priority is given to women who are potential, current and previous participants of the IVF program.

3. Feminist Bioethical Arguments Regarding IVF

Feminist bioethicist Rosemarie Tong points out that feminists rarely discuss the moral status of the embryo, but rather discuss and advocate the rights of the women who participate in IVF programs. Feminist bioethicists are more concerned with the potential risks that women are

often unaware of, or blind-sided to by the potential benefits. Both critics and advocates of IVF programs urge healthcare practitioners to be as candid as possible about the true success rates of IVF, and about the physical and psychological risks of IVF.¹³ But the potential risks of IVF programs is just one of the areas of concern for feminist bioethicists. I will now discuss the issue of control; who controls the candidates, the technology, and in the end, the women.

3a. Control Over the Participants

Because involuntary childlessness can be devastating for many women and IVF holds the promise of increasing reproductive freedom, it is likely to be positively valued. But is this freedom offered to women an illusion? Susan Sherwin urges us to critically examine the autonomy-based arguments instead of simply accepting them at face value. It is important to point out that IVF, like any other reproductive technology, is controlled by medical specialists and not by the women undergoing the procedure. Also, these procedures are not made available to every woman who is medically suitable, or who would like to benefit from it. IVF is only offered to women who fit into the categories that are made up by medical specialists and who are for the most part men. Women must be in stable relationships (preferably married) with a male partner, and the couples must show that they have the appropriate resources needed to support any children produced by the procedure.¹⁴ These criteria exclude single women, lesbian women and many women with genetic diseases. We must also remember that the procedure itself is extremely costly (approximately between \$13,000- \$15,000CDN¹⁵), which right away excludes women of lower economic status. Hence, freedom is limited to women who meet the criteria specified by the experts administering the technology. Reproductive technologies place control in the hands of the physicians, in that the physicians have the power to permit or deny women the access to services connected with the reproductive lives of women. Although the importance of children is socially embedded in women in general and not dependant on the economic or social

class a woman is part of, the technology to fulfill this desire is only offered to specific women. The goal of IVF and other reproductive technologies is to offer infertile people the chance to fulfill what is perceived as a necessary component to their happiness. If fulfillment of one's happiness is the intended goal, then IVF should not be geared only towards people who can afford it, but rather to women in general.

3b. Promotion of the Medicalization of Childbearing

Giving into this technology (IVF) may result in technological imperatives which will contribute to the further reduction of individual reproductive control. Women find themselves bombarded with invasive medical technologies when they are preparing for childbirth. For example, when a woman is pregnant she is encouraged to undergo medical technologies such as ultrasounds, amnioscentesis, and giving birth in a hospital. Because infertility is now considered a medical condition in need of medical treatment, infertile women may now think it is necessary to consider using an invasive technology such as IVF to fix their medical problem, hence the ability to control and understand their body is lost to the importance of technological help.

Susan Sherwin points out that feminist ethics “. . . directs us to examine the practice of IVF within the broader context of medical involvement in women's reproductive lives.”¹⁶ Many aspects of women's reproductive lives, such as, menopause, delivery and pregnancies, have already been subjected to medical control, and procedures such as IVF follow. A medicalized approach to reproduction alienates women from their reproductive experiences: “Physicians have tended to treat women as passive bodies to be subjected to medical manipulation.”¹⁷ The focus seems to be centered on the technology rather than on the woman--the goal being the success of the technology, rather than the woman's feelings and experiences of the process. According to Sherwin, women undergoing the IVF process are viewed merely as passive containers for medical miracles, being controlled by the physician who is the real producer of the child

created.¹⁸ For women “. . . the treatment of infertility means that producing a child is not something one does, but something that is done to one.”¹⁹ Medical specialists try to “fix” the woman’s infertility in hopes that they can save the woman from her diseased or dysfunctional state.

3c. Submission or Control?

This issue of control is one of extreme importance for feminists. Infertile women are operating under the belief that they are in control, whereas they still allow “. . . greater decision-making power to be concentrated in the hands of the medical specialists.”²⁰ It is obvious that these women are under the illusion that they are in full control over their reproductive destiny, but the truth is that they are being controlled by external forces. Christine Overall states that although technologies such as IVF enable women to have their “own child,” it is the doctor or scientist, almost always male, who in an important sense “gives it to her.”²¹ We should keep in mind that IVF and other such technologies, were created by men wanting to master the art of creating life. Women are continually being alienated from the experience of reproduction, and as NRTs become more popular the control over the process and outcome is taken from the woman and placed in the hands of the doctor. I am not making the claim that if an IVF clinic is owned and operated by women, then the practice would be acceptable, because I will argue later that the message being sent through the practice of IVF is oppressive to women. Of course, the domination and control that men have over women’s lives and bodies, because of this technology, simply adds to the problem.

Gena Corea also examines the issue of control in regard to reproductive technologies. She states that “. . . a woman’s role in reproduction is very minimal and limited because of the male-dominated medical intervention that has been forced on women.”²² The concern that NRTs are taking away control from women is only half true, for control has already been taken away.

Corea claims that control and domination over the world has been the primary quest for many scientists, biologists, and so on, therefore, the need to recreate, duplicate and invent has prompted the invention of many technologies, and NRTs promise to improve natural reproduction. She also claims that the tampering with women's bodies by male doctors is done in such a way that is manipulative and disrespectful to women. Women are thought of as "incubators," "manufacturers," and "baby-machines," serving the sole purpose of breeding children: "Today they (reproductive engineers) say they are manipulating women's bodies out of compassion; to bring new hope to the infertile; to prevent birth defects; to increase women's option and expand their freedom."²³ But is this true? Feminists argue that for the most part it is not.

Corea states that IVF is not just a healing art, but is also an institution of social control. IVF provides the means for the control over women, but does so in a way that claims to be compassionate and caring. Women's bodies should not be submitted to invasive procedures that "... reduce women to breeders, controlled by a centralized group of white men."²⁴ These men reduce women into parts instead of treating them as whole persons. Corea does not claim that there is a conspiracy by this group of men, but rather, these men create technologies that will increase the control men have over women's bodies, and this should be our concern. Before we voluntarily submit to such programs, we should fully understand who it is that has control over our desires, emotions and physical well-being, and if women believe it is they, then they do not fully understand what is involved. Women need to realize that they are once again giving their freedom and control to the men who control the technology, and if their desire to bear a child outweighs the knowledge that they are giving up control over their bodies, then they should act accordingly. But it is important that they fully understand what it is that they are giving up and the position that they are being placed in.

4. The Message Being Reinforced

Doctors now recommend infertile patients to fertility specialists in hopes that they will get the help needed to conceive. Even though their main goal may be to help the couple fulfill their desire to have a child, it is important that we understand the messages being sent by the promotion of the technology, not only by the doctors, but also by society. Often times medical practitioners assume that involuntary childlessness leads to "desperation," hence, they believe that couples will be more than anxious to join IVF programs. Specialists suggest IVF or other reproductive technologies to infertile couples as the answer to their problem of infertility, instead of allowing couples to be satisfied with living a life without children that are biologically their own. In these instances, IVF reinforces the idea that couples should have children of their own by any means necessary. Doctors should allow infertile couples to examine their feelings about infertility, their views on living life without children of their own and whether bearing children is the most important goal for them.

4a. The Circle of Oppression

The fact that creators of IVF claim that this technology allows women to have children when their bodies fail them does not mean that we should accept IVF as a technology that allows women to have full control over their bodies. Susan Sherwin states that a principle of feminist ethics is to see how each motivation fits into existing patterns of oppression: "Technology is not natural, so it is important to consider who controls it, who benefits from it, and how each activity is likely to affect women's subordinate status in society."²⁵ Since many couples are persuaded that having children is extremely important, women will expose themselves to the known and unknown risks of IVF in hopes to accomplish this ever so important goal in life. For the most part, this procedure is undertaken without much thought or real choice because of the value many couples place on bearing their own children. In this instance, IVF appears to increase women's

freedom but is actually keeping them intertwined with key social factors that are oppressive to women: "By accepting the presupposition that (particular) women ought to bear children, even if they must risk their lives to do so, IVF implicitly reinforces many of the sexist, classist, and often racist assumptions of our culture."²⁶ Women have been socially constructed to believe that they ought to bear children and since IVF places importance on bearing children, it simply reinforces the patriarchal views and roles that are oppressive to women. Regardless of whether women perform IVF or work in the clinics that perform it, ignores the essential point that IVF is a technology that sends the message to women that they should be mothers of children.

Sherwin argues that while traditional theories seem to assume that we can make ethical decisions about specific acts or practices simply in terms of knowing about the technology, a better understanding of the systematic patterns of oppression is needed in order to make clear how each practice fits into general social patterns and structures.²⁷ Feminist ethics also considers what social conditions have led to the development of any practice and whose interests are served by it. In the case of IVF, the importance of childbearing is prioritized, which makes infertile couples ashamed of their natural infertile condition and desperate for the treatments available. The availability and advocacy of IVF in such a positive light traps couples into believing that they should be enrolling in such a program, thereby reinforcing the idea that women need to bear children, an idea that has been socially conditioned into our culture by patriarchal means. The choice to bear children should not be advocated any more than the choice not to conceive.

4b. Failure in a Life Without Children

The development of reproductive technologies for treating infertility reinforces feeling of failure and helplessness associated with the condition. It becomes more difficult to accept one's infertility when IVF programs are the alternative suggested to the infertile couple.

Christine Overall claims that while we should advocate the idea that one's life can be fulfilling without bearing children, IVF reinforces the idea that women should do whatever they can to bear a child. The message that NRTs sends to infertile couples is "... when a couple is unable to reproduce naturally, they should explore every possible way of attaining one by other means."²⁸ Keeping this message in mind, it seems that as NRTs advance and become more popular, women continue to feel trapped within the role of being bearers of children. Women need to work on separating themselves from this assigned role, but this task may become impossible as NRTs become accepted as a necessary component in fulfilling an infertile woman's happiness.

5. Feminist Answers to the Use of IVF

Laura Purdy states that the two main reasons cited by feminist critics for opposing conceptive innovations such as IVF are: (1) the socially constructed nature of women's desire for children, and (2) the chauvinistic, perhaps even racist, nature of the desire for genetically related children.²⁹ She states that it is true that society is still pronatalist, which does put a lot of pressure on couples to reproduce, and because of this many women feel that the thing to do is bear a child. But is the eradication of pronatalism the answer? Purdy argues that "... even in the absence of pronatalism, many women would continue to want children."³⁰ Even though women who live a voluntary childless life find their life extremely fulfilling, this does not mean that bearing their own children does not contribute to a feeling of complete happiness and fulfillment for other women. As Purdy point out "a special closeness arises from being children's primary caretaker and witnessing their gradual development into persons. In addition, some individuals' ties to their children are the strongest and most enduring human connections they will ever make."³¹ Regardless of whether the desire to bear one's own child is rational, for many people it is an extremely intense and powerful desire that takes over their lives.

Because women are socially constructed by culture and society to believe certain things, in this case, needing to bear children, we cannot blame them for acting according to their beliefs. Purdy claims that we may praise women who choose to live a childless life for being strong and no longer oppressed by patriarchal conditioning, but we should not overlook the deeply rooted desire that many women have in regards to having their own child which they are finding impossible to break away from. Purdy recommends that we promote to women the idea that even though our legitimate interests may conflict with what society expects from us because of our gender, we should act according to our actual interests. We need to educate women so that they understand that it may sometimes be morally desirable to refrain from having children and that is not something to be ashamed of. Most importantly, women need to be empowered to follow through on their decisions. Purdy argues that feminists should concern themselves with enabling all women, whether they are white, brown, black, rich or poor, to be aware of the moral dimensions of their choices, whatever they may be. She believes that "... it is inappropriate to accuse them (women) of incompetence or selfishness if they, after careful reflection, choose to avail themselves of certain conceptive or genetic sources."³² She claims that it is up to feminists to encourage women to think about their options in regard to their own perspectives without being weighted down by external influences. Purdy does not call for the disuse of NRTs but rather for a critical examination of them by women who may be considering their use. Instead of denying women the use of IVF, we ought to challenge their reasons for wanting it.

5a. Stopping IVF

Not all feminists accept the ongoing use of technologies such as IVF. There are feminist bioethicists, one being Renate Klein, who encourage women to abandon the use of these technologies, claiming that they are oppressive to women and restrictive to their freedoms. Klein uses the same lines of argument as many other feminist bioethicists do, but instead of using those

arguments to point out the negative points regarding IVF, she uses those arguments to show why the cessation of IVF is necessary.

Klein views reproductive technologies as an insult to women and their bodies: “. . . the message is that women (still) being the givers of life are unsuited to be left in charge of such a demanding task: ‘Our imperfect bodies need “assisted reproduction”’. ”³³ A woman’s difficulty in becoming pregnant has been magnified into a life’s crisis, and IVF is seen as a “miracle cure,” to end her sadness. Many infertile women are pressured by friends, family and even their spouses to undergo IVF. Although the success rates of IVF are extremely low, it has been introduced to the public as the only way women can bear children when all other means fail, hence, the failure rates are overlooked. When women are unable to get pregnant with the aid of IVF, the women feel like “. . . utter failures: the message they have been given is that not even with the help of technologies can they produce their own child.”³⁴

Klein believes that the emotional roller-coaster that IVF takes women on is even more devastating than couples learning to cope with childlessness. She claims that IVF lifts a woman’s hopes of being a mother and then after numerous unsuccessful IVF attempts, sends her hopes and goals crashing down. Because infertile women are rushed into this process (IVF), they do not have time to properly grieve about their infertility. Many women are “dropped” from IVF programs because of their “bad eggs” or “diseased tubes,” which even though they are the result of the repeated procedure, cause women to feel angry at their bodies and view themselves as “less women” than others: “Women are thus bodily harmed by IVF; their (and their partner’s) desire for a child is cruelly exploited.”³⁵ In Klein’s view, helping couples grieve their childlessness and suggesting alternatives such as adoption will serve them better than getting their hopes crushed further by IVF.

Another reason Klein objects to IVF is on the grounds that it reduces women to body parts that are fragmented, dissected, and recombined at will.³⁶ A woman expecting to begin IVF treatment must undergo tests for rubella, chlamydia and AIDS, have her blood levels assessed, must begin ovulation stimulation (fertility drugs), be injected with hormonal drugs and experience side effects of these drugs that include: weight gain, vision problems, nausea and ovarian cysts, all this is done in preparation for the IVF process.³⁷ From the initial process, many women are not chosen to be candidates of the IVF process, but those who are must then go through the actual procedure which includes: egg collection, fertilization and then implantation, all of which are extremely dangerous and painful.³⁸ Klein claims that potential complications and risks do not outweigh the very slim chance that a baby may be born. She states the process “. . . exemplifies the ruthless and inhumane reduction of women to soulless incubators and body parts. . . .”³⁹ Through the IVF process women put their bodies at risk and assault their integrity. Klein believes that it is imperative that women must influence other women into believing that we can remain in control of our bodies so long as we do not give physicians or specialists access to our body and eggs. We must also emphasize to other women who want to undergo IVF that IVF practitioners are not altruistically motivated by the needs of women, but rather, their motives are led by their fascination with science.⁴⁰

Klein points out that society can “contribute greatly to destigmatizing infertility by promoting role models and images of women without children as happy and fulfilled people whose creativity and nurturing are expressed in many ways other than through giving birth to biological children.”⁴¹ Implementing this notion of women choosing voluntary childlessness would take much pressure away from the idea of women as bearers of children, and might contribute to the easier acceptance of involuntary childlessness for many women. Klein claims that we need to offer women places to go to deal with their infertility: places that will encourage

them to accept their infertility, rather than correct it: "To this end we also need stories from women who very consciously choose not to use reproductive technologies despite the fact that not being able to have a child of their own is a serious and painful experience."⁴² It is not realistic or fair to forget about the emotional and psychological pain many women do in fact experience because of their infertility, but we can work on ways of helping them overcome their desire to have a child, and change their understanding of what their priorities are. Infertility treatments simply reinforce the idea that bearing one's own child is necessary, but we should be working on helping women and people in general understand that (1) we cannot always get what we want, and (2) there are other ways in which to live a happy life. The use and advancements of IVF and other such technologies make it impossible for women to fully accept and deal with their infertility, therefore, the use of them is detrimental to a woman's well-being.

Klein refuses to believe that reproductive technologies are beneficial to women or that they are respectful of women's choices:

Reproductive technologies do not offer choice. They bring with them a loss of control for women but a gain of control for international technopatriarchy. These technologies are too dangerous to continue to use. Women are more than just body parts These violent technologies contribute to the worldwide oppression of women, and they must be stopped before the 'Gene Age' has further diminished women's sense of self.⁴³

Unlike the other feminist bioethicists who believe that with a better understanding of the technology and the role it plays women can make informed choices, Klein believes that reproductive technologies do not contribute to the well-being and liberation of women, and women will be furthered from this goal with the continued development and use of these technologies.

Conclusion

In summary, while nonfeminist bioethicists concern themselves with the status of the embryo, and the potential and immediate risks to the woman and the child, feminist ethicists stress the importance of considering more than just these issues. They argue that we need to examine who controls the technology, the degree of voluntariness exhibited by the participants in a culture that continues to evaluate women and marriages and the production of children, and the ways in which the technology changes or reinforces oppressive social attitudes about women and children.⁴⁴ We need to consider the already existing oppressive structure and patterns that have served as constraints on women and examine how NRTs fit into them.

Many people simply accept IVF and other such technologies to be in the best interest of women, but feminist ethics encourages us to look deeper into the message that IVF sends. Most feminists do agree that social resources should be put toward researching the incidence of health problems, including infertility, but this does not mean that they believe that funding for NRTs should be stopped. There are feminist bioethicists such as Klein who believe that the advancement of such technologies should be stopped, but for the most part this is not the message being sent. It seems that feminist bioethicists are more concerned with women understanding the situation they are getting into, and then deciding what they want to do. What these feminists call for is the implementation of feminist analysis and principles in the guidelines that structure the use of reproductive technologies. These groups claim that because many women do express the desperation to have children of their own, it would be unfair to deny them the chance of being happy, but that it is not wise to simply grant this wish to everyone.

It is important that women are properly informed of all information available before deciding what is the best option for themselves. Although IVF has helped many couples find happiness in their lives, we must examine at what cost. We need to evaluate the ways in which

NRTs contribute to the oppressive structures and ideals that women have been subjected to for so long, instead of being blinded by the (for the most part) empty promises that these technologies are built on. In the next chapter I will discuss why I believe that the use of IVF in its current state ought to be restricted.

NOTES

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3. *Ibid.*, 173-174.
4. *Ibid.*, 174.
5. *Ibid.*, 177.
6. Joseph Fletcher, "Ethical Aspects of Genetic Control," *The New England Journal of Medicine* 285, no. 14, (1971): 779, 779-782.
7. *Ibid.*
8. *Ibid.*, 780.
9. Robyn Rowland, *Living Laboratories*, *ibid.*, 50-60.
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12. Christine Overall, *Human Reproduction*, (Toronto: Oxford University Press, 1993), 144.
13. *Ibid.*, 181.
14. Susan Sherwin, *No Longer Patient*, (Philadelphia: Temple University Press, 1992), 127.
15. The Fertility Centre, "<http://www.conceive.org/feesandfinancing.htm#OHIPuninsured>," 2001.
16. *Ibid.*, 134.
17. *Ibid.*, 128.
18. *Ibid.*
19. Christine Overall, *Ethics and Human Reproduction*, (Boston: Allen and Unwin, 1987), 159.
20. *Ibid.*, 156.
21. *Ibid.*

22. Gena Corea, *The Mother Machine*, (New York: Harper and Row Publishers, Inc. 1985), 311.
23. *Ibid.*, 313.
24. *Ibid.*, 123.
25. Susan Sherwin, *No Longer Patient*, *op. cit.*, 129.
26. *Ibid.*, 134.
27. Susan Sherwin, "Feminist Ethics and New Reproductive Technologies", *The Future of Human Reproduction*, Christine Overall, (ed.), (Toronto: The Women's Press, 1989), 261.
28. Christine Overall, *Ethics and Human Reproduction*, *op. cit.*, 159.
29. Laura M. Purdy, "What Can Progress in Reproductive technology Mean For Women?" *The Journal of Medicine and Philosophy*. 21, no. 5, (1996): 500, 499-514.
30. *Ibid.*, 502
31. *Ibid.*
32. *Ibid.*, 509.
33. Renate Klein, "Women as Body Parts in the Era of Reproductive and Genetic Engineering," *Health Care for Women International* 12, no. 4, (Oct-Dec. 1991): 394, 393-405.
34. *Ibid.*, 395.
35. *Ibid.*, 396.
36. *Ibid.*, 394.
37. *Ibid.*, 396-397
38. Marin Fertility Medical Group, "http://www.marinfertility.com/resource_risks.htm," 2000.
39. Renate Klein, "Women as Body Parts in the Era of Reproductive and Genetic Engineering," *op. cit.*, 399.
40. *Ibid.*, 402.
41. *Ibid.*, 403.
42. *Ibid.*
43. *Ibid.*, 404.

44. Susan Sherwin, "Feminist Ethics and New Reproductive Technologies," *op. cit.*, 260.

IS IT MORALLY WRONG TO PRACTICE IVF?

No woman can call herself free who does not own and control her body. No woman can call herself free until she can choose consciously whether she will or will not be a mother.¹

In the last chapter I discussed several arguments (both feminist and nonfeminist) regarding the use of IVF. In this chapter I intend to argue for the claim that the use of IVF in its present state should be stopped. To explain what I am referring to as "present state," it is the use of IVF as a liberating therapy that is offered to infertile women. I will use three main arguments in support of this point.

(1) I will first argue that the development and promotion of IVF restricts women's freedom, and therefore making the choice of IVF is not unbiased. This section (which in my view is the most critical in terms of women's liberation) will support my claim that IVF is an unfortunate technology because it aids in oppressing women. Although I would like to make a stronger claim in regard to this argument such as the cessation of its use altogether, arguing for this point is far too big a project for the space available. It is definitely an issue that I intend to take up at another time. (2) The second argument will show how the risks of IVF are not justified by its benefits. This argument leads to the conclusion that the use of IVF as a therapy is harmful to the well-being of women. And (3) I will argue that the provision of IVF involves a mis-allocation of resources, since equal opportunity to enter into an IVF program is not granted to all infertile women, and that therefore public money spent on IVF should be reallocated elsewhere. Each of these arguments serves a different function in arguing my point that the use of IVF in its current state should be stopped.

It is my intention not only to argue in support of these points but also to address some of the objections that threaten the strength of these arguments. I will also mention areas that I believe need to be researched and studied in more detail in order to understand better the implications and effects of IVF. By the end of this chapter I hope to show that it is morally wrong to continue the use of IVF in its present state.

Let me begin with claims that are foundational to my arguments.

1. Shaping Women's Identities

My main concern in regard to the use and acceptance of IVF is the message that this technology reinforces. I think that it is necessary to keep in mind that the society in which we live has come out of patriarchal structures. Because patriarchy has been the source of attitudes, self-conceptions and practices that demean or oppress women, we must carefully examine any attitudes that can be traced to patriarchy. I am not attacking all of the practices and beliefs that have come out of patriarchy but rather only the belief that a woman's identity or role revolves around motherhood. It is this view, that women's primary role in life is to bear children and that childlessness is destructive to women's identities, that I am primarily concerned with. The role of "woman" has come to include many different characterizations over the years, but one thing has stayed the same: the idea of motherhood is still embedded in society's understanding of what it is to be a "woman." So long as women believe, or are pressured to believe, that their primary role is to bear children, their freedom of choice is restricted. When women primarily associate being a "woman" with conceptions of bearing children, they are restricted from considering other options for their lives, and in particular, any option associated with not bearing children. Since oppression occurs when people's freedoms are limited or restricted, any conception of human nature that wrongly limits a person's freedom is immoral. The conception of human nature in terms of which women are primarily or at least essentially child bearers restricts women's

freedom. I take it as uncontroversial that any restriction of freedom is *prima facie* immoral. It follows that the “women’s essential nature is to bear children” conception of human nature is *prima facie* immoral. Hence in the absence of overriding considerations to the contrary, any practice that plays a part in promoting this view, should be considered immoral. I view IVF as a technology that reinforces this restrictive conception.

I am not taking the stand that women should separate themselves from their reproductive function and stop bearing children. Rather I think that it is important for women who are infertile to understand themselves in some other forms than their inability to reproduce. Through the medicalization of such women’s experiences as childbirth, menopause, menstruation and infertility, women began to perceive their experiences and bodies as separate. The body part that was undergoing the experience was treated as a separate part from the whole. The medicalization of infertility and socialization of women as child-bearers caused infertile women to view their infertility as detrimental to their well-being, and identities. Infertility was seen as an illness in need of a cure--IVF being the cure. The view that infertility or childlessness is a terrible thing, to be overcome at any cost, is significantly caused by the view that the primary role of women is to bear children. I believe that if women’s identities did not primarily consist of bearers of children, women who discover that they are infertile would not feel so devastated. Of course, just as with any other health condition or inability to achieve something, infertile women would tend to experience disappointment, but they would also realize that such disappointments are to be found common in life. Therefore, they would not view themselves as incomplete or not worthy of being a “woman.” It is imperative that our perception of infertility be changed to deem it something more natural, instead of an illness in need of treatment. And in turn, infertile women would not feel compelled to find a solution for their infertility.

1b. Making Choices Within Patriarchy

In the previous chapter I examined the views of feminists such as Donchin, Sherwin, Doyal and Overall, who all claim that women need to be more active in the process of IVF. What this would entail is that the woman would be aware of the factors that might be involved in influencing her decision to enroll in an IVF program and the factors that are motivating her desire or perceived need to bear a child. Donchin, *et al.*, claim that after a woman critically examines her situation, she should be able to decide for herself about her true needs. But I do not believe that most women are really able to make decisions such as enrolling in IVF programs of their own volition.

I am arguing that free choice is not as easy or as simplistic as it may seem, and my argument is as follows. If women have been socially conditioned to believe that their most important role revolves around motherhood, then we cannot expect them to be able to choose freely when it comes to IVF. Since infertility is deemed by society to be an illness that is detrimental to a woman's fulfillment as a "woman," we cannot expect a woman to view her infertility as anything other than an obstruction to her happiness. The fact that a woman is told of the known risks of the procedure does not by itself mean that she is consenting to this technology based on her true feelings. I believe, as do most feminists (as seen in the first chapter), that many women act in ways that take into consideration those around them, such as their parents, partners, siblings and the expectations of society, and as a result, make decisions that are influenced heavily by factors other than a critical examination of their own needs, feelings and priorities. Therefore, the choice to enter into an IVF program may not be made out of a woman's own free choice, but rather a decision made in light of external pressures. Even though women have made great progress in society (for example, holding high positions in business), this does not mean that they have been freed from understanding themselves

independently of the roles and identities assigned to them by a patriarchal society, such as that of being mothers of children. Many women feel as if they are not fulfilling what it is to be a “woman” if they do not have children. Therefore, the choice of entering into an IVF program is not made out of their own volition, but rather, in presence of embedded notions of what being a “woman” is, as they have been taught to believe. Women are making decisions in view of a mind-set that has been assigned to them and geared to certain dispositions.

1b.(i) Objection 1

Some might argue that since there are women who are aware of the oppressive nature of IVF, and who understand the risks and the message that it reinforces, but who still want to enrol in IVF programs, it follows that the choice that they are making is made freely. In these cases IVF would be offering women the possibility of having children, thereby acting as a means to their reproductive freedom.

In answering this objection let me begin by making two points. (1) It is not my intention to diminish or undermine the decision-making power of women, but rather to discuss why women may not be making choices that reflect their own interests. And (2) I am not making a social policy decision regarding the use of IVF, but rather a moral claim. This second point will be addressed later. I for one, have become aware and critical of the different aspects of IVF, but I am not sure whether that means that if I chose to enter into an IVF program it would be done freely or without coercion. Simply because I am aware and critical of IVF does not mean that my choice to enter into such a program would be based on this objective rationality. Women may be aware of the oppressive factors regarding the medicalization of women and the role that IVF may play in this oppression, but still choose to use IVF. In those instances I am not sure that simply because they are aware, they are acting in accordance to that awareness. If infertile women have been conditioned to view their infertility as a threat to the actualization of their full humanity of

women, then they cannot make decisions void of the social stigmas and burdens associated with infertility. If we can accept the argument that women make choices and moral decisions in the face of many obligations and responsibilities (hence, taking other people and things into consideration), then their choice to enter into an IVF program will not be void of coercive factors.

Susan Sherwin puts forth an argument that best illustrates my view. Sherwin states that practices found in certain societies are considered acceptable relative to the society in which they exist. And the problem is that the practices, structures, and moral decision-making are readily accepted in the society in which they exist without being questioned. Feminist ethics does not readily accept these practices and structures, but rather questions the history of how they evolved, whose interests they serve and who controls them.² We must analyze the continuing history of patriarchal control over women's lives and then understand how this history has influenced and brought about the existing moral systems and social structures. Sherwin argues that since moral decision-making is inseparable from community standards, an understanding of society's foundations is necessary.

To apply Sherwin's theory to the issue at hand, it would follow that although women may be aware of the oppressive structures that are in effect, their decisions will still be reflective of the standards and values by which they have been influenced. If women are engaged in moral decision-making within a community that has been founded on oppressive structures, then we must be wary of those decisions: "Practices whose acceptance derives from the use of oppressive power should remain subject to moral criticism."³ The idea that a woman is not fully a human being or fully "woman," unless she is a mother, is a notion that has its roots in patriarchy. Therefore, since IVF simply enforces this message, we should be critical of its acceptance and advancement. Simply because many women chose to have IVF does not mean that these women

are genuinely agreeing to the procedure and not simply complying to promoted ideals.⁴ I am not saying that women are irrational or ignorant about their own needs and desires. Rather, I am arguing that their choices are shaped by a society whose agenda may not be to liberate women. Therefore they are making decisions within a system that may not necessarily work to their advantage. "Unless there is evidence that women would agree to this practice if they were free of patriarchal coercion, we cannot treat it as an acceptable local custom."⁵ We should not openly accept practices such as IVF even when the majority of women chose them, because women are not offered real freedom to choose: they are constricted by choices within patriarchy.

1c. When is IVF Morally Acceptable?

In a society where women's identities revolve around their being bearers of children, IVF would serve as restrictive of women's freedoms. But there could be a society in which IVF would be morally permissible because it would contribute to women's freedoms. Such a society would involve a radical reconstruction of our social constructions and institutions, religious norms, philosophical ideologies, language, and other factors that influence the ways in which we understand both men and women, into new ones that are void of the power relationships that currently exist. An egalitarian society rather than one founded on patriarchy is needed. This egalitarian structuring of our social construction would allow for multiple images of women, instead of reducing them to ones that are in the best interest of patriarchy. This would mean that women's voices and experiences would be included in forming social institutions and moral theories. If in the presence of egalitarian choices the majority of women still choose to be mothers, then the choice is made from their own free will, rather than based on restrictions of their freedoms. Patriarchal social conditioning is not only oppressive of women but also of men (which is a point that I do not take up in this thesis). Therefore, the elimination of patriarchy for a substitution of egalitarianism would serve both men's and women's interests.

Women need to have a more equal role in decision-making, in structuring social practices, and in forming social institutions. Positive role models of women who are childless and single must be introduced into society to show women that there are other ways in which to gain fulfillment and happiness in life. We need to down-play the importance of having children in ways that will help infertile couples deal with their perceived loss and educate our young to view the sexes as equal competitors neither of which is more suited to certain roles. Women need to be able to make career decisions and identity choices, without having the forced idea of motherhood as a backdrop.

I am not concluding that if women are given multiple roles with which to identify themselves, the majority of them will choose to be something other than bearers of children, nor am I concluding the opposite. What I am suggesting is that we can only truly know what women really want if they have had an equal part in creating social constructions. If women are given these choices, then reproductive technologies such as IVF can be used to benefit them because it is only then that they will be able to choose its use freely. Only when women can understand themselves through images they have created for themselves, and not through roles and identities prescribed by patriarchy, will they be able to truly know and choose what it is that they want.

The idea that an infertile woman should consider IVF is linked to the issue of infertile women identifying themselves primarily as bearers of children. IVF reinforces that notion by encouraging women to fulfill their designated roles. And the problem seems to change from infertility to childlessness. In our society women are still seen as having the primary role as bearers of children, not simply because they are biologically suited for it, but especially because they are socially constructed for it. Therefore, if a woman is without a child, her situation is seen as problematic, and IVF is seen as the solution. Women are now surrounded by different technologies that will enable them to have children, whether it is their primary goal or not.

Because of the existence of NRTs, childlessness is no longer considered an acceptable option. The message advocated through NRTs seems to be that couples need not live life without children of their own, and even when IVF fails there are always surrogacy and other means of having their own child.

In the previous section I examined the affects that IVF has on our understanding of women, and in turn its pressure on a woman's ability to choose IVF from her own volition. I am not going to pursue implementing social policy decisions that restricts the use of IVF in general (at this time), as that would entail arguing in favor of paternalistic laws which would be necessary to overrule women's choices to enter into IVF programs even if their choices were truly made of their own free will. Instead, I will conclude that IVF is a technology that aids in the patriarchal social construction of women as child-bearers, and because of this cycle of oppression that continues, it is unfortunate that IVF exists in our society.

In the following sections I will make stronger claims to the restriction of IVF, based on empirical evidence.

2. The Issue of Risk

Most if not all bioethicists will agree that women have become research-subjects in the quest to create life in the laboratory. IVF is offered as therapy for the problem of infertility, but in reality is still in its research stages. As long as this is the case, my opinion of the moral legitimacy of IVF differs from that of most feminist bioethicists. They (Donchin, Overall, Tong, Sherwin and others) argue that IVF need not be stopped, but rather should be researched more, since many of the procedures and drugs being used in IVF programs are still in their experimental stages. I on the other hand, am claiming that because more research needs to be conducted, IVF should not be advertised and used as therapy or a cure for infertility but rather, as an experimental procedure still in its research stages. My argument is that (1) there are so many

known risks involved in the process of IVF, and since it is still fairly new, many more studies need to be done, and (2) without more knowledge of the long-term risks, women are unable to make truly informed decisions regarding IVF.

2a. Risks vs. Benefits

Regardless of whether more research is put toward the unknown effects of IVF, there are many known risks and side-effects of the procedure that are not stressed or researched thoroughly. The serious risks associated with super-ovulation, artificial hormones and other prescribed drugs, are said to have lasting conditions on many of the women involved. Women can experience strokes, early menopause and ovarian cysts from the process of IVF (statistics are still unknown)⁶. There are many negative affects of IVF, some being: through super-ovulation a woman will lose the ability to produce eggs through normal menstruation cycles; the woman's internal organs can be scarred so much that there is not a chance that impregnation can ever happen; many of the artificial hormones can cause negative side-effects such as severe headaches, mood swings and nausea; and because of hormonal drugs women can develop ovarian hyperstimulation syndrome, cysts, blood clotting disorders, strokes, and ovarian cancer (as reported in the previous chapter).

Unfortunately, (as was discussed in the last chapter) there is not much statistical evidence available on the certainty of risks associated with IVF, and there may be no proven deaths to date from IVF-related treatments on women. But the long-term risks are not yet known. and the cost of pain, illness, and physical and emotional suffering from these procedures go largely unreported: "Most of the public reports concerning results of IVF as a treatment of infertility, have been based upon small, uncontrolled studies, with various methodological weaknesses. There are few follow-up data on outcomes after pregnancy is established or on long-term health consequences of the use of IVF on mothers and their babies. IVF has diffused

widely without comprehensive assessment of its efficacy and adverse effects of IVF and embryo transfer.”⁷

2b. Agreeing to the Unknown

In my second argument I had brought up the objection that some women may be fully aware of how patriarchy has shaped their identities, but still make the choice to enter into an IVF program. In this section my reasons for taking away this choice from women is different. Since so much is unknown about the effects of IVF, not only on the women, but also on IVF couples and children, women are unable to make truly informed decisions regarding IVF. It is impossible for women to agree to the risks of IVF, since many of the risks are unknown. They are not being provided with all the information needed to make a choice that is truly informed and free.

2c. The Criteria for Informed Consent

The notion of consent is important in medical ethics because it is grounded in the ethical principles of autonomy and respect for persons. Obtaining a patient’s consent to medical care is a legal requirement. Under common law, treating a patient without his or her consent constitutes battery, whereas treating a patient on the basis of inadequately informed consent constitutes negligence.⁸ The Canadian Medical Association defines consent as: “The autonomous authorization of medical intervention by individual patients.”⁹ The three components involved in consent are: (1) disclosure, (2) capacity, and (3) voluntariness.

To begin, disclosure refers to the provision of relevant information by the clinician and its comprehension by the patient.¹⁰ Disclosure is necessary so that the patient is informed and reflective of the procedure and her decision. Elements of disclosure involve, descriptions of treatment and expected effects, information on alternative options, and expected benefits and risks.

The second component of consent is capacity. Capacity refers to the patient's ability to understand information about the treatment and to reasonably foresee consequences of a decision.¹¹ By conducting a series of competency tests the clinician would assess the patient's capacity to assess the procedure and effects, and if they appreciate the consequences of their decision. In regard to capacity assessments made by the physician ". . . it is difficult to determine whether a decision is substantially affected by the cognitive features of depression, such as hopelessness and feelings of worthlessness, guilt, or persecution."¹²

The third criterion of consent is voluntariness. The CMA defines voluntariness as: "the patient's right to make health care choices free of any undue influence."¹³ The key to voluntary decision-making is the ability to exercise and demonstrate one's autonomy and freedom. But external and internal influences can affect a person's decision-making ability and threaten her autonomy.

In applying these three elements of informed consent to the case of IVF, I think it can be shown that IVF does not sufficiently meet the criteria needed. Because there is not enough information known regarding the long-term affects of IVF on women and children, the necessary disclosure is not available. Since the opportunity to assess relies heavily on the amount of disclosure available, it is fair to say that a woman cannot critically assess or appreciate the multiple dimensions of IVF. Another point that concerns the capacity of assessment, ties into the social construction of infertility. Since infertility is socially constructed as an illness, the perception of infertility is that it is a threat to a woman's "full humanity" or "womanness," and this perception may produce feelings of worthlessness, desperation, which in turn affect a woman's ability to critically assess the procedure. In regard to the element of voluntariness, if an infertile woman is socially constructed by society into believing that her primary identity will not be fulfilled unless she bears children, then her choice of IVF is not made autonomously or

voluntarily. This point is harder to prove than showing how IVF fails to meet the disclosure and capacity criteria. But if both the disclosure and capacity criteria are not sufficiently met, and voluntariness depends on agreeing with the disclosed information and assessing it, then it follows that the conditions for consent are not satisfied.

2d. Research vs. Therapy

If meeting the criteria of informed consent is not possible, then it is necessary to rethink the way the medical procedure is offered. Since IVF is here, and its use continues, its application should no longer be considered therapy or a cure for infertile women, but rather an experimental procedure that is still in the process of being researched. Because the risks of the technology are still a long way from being known, and the only way to know more is by conducting research, IVF should be promoted and treated as experimental. The procedure would still be available, but now in the category of research that may entail serious health risks. I do understand that women are told of the possible risks involved, but I have three hesitations about this claim. (1) Women cannot be truly informed, because much more research needs to be done, so many possible risks cannot be known, causing doctors, because of ignorance, to ineffectively prepare women for the worst. (2) IVF is being offered to women as a remedy for their unhappiness. The image of a bouncing, healthy newborn baby is what floods the woman's mind, and not always the risks mentioned to her. And (3) exposing women to the unknown risks of IVF would be acting against the principle of nonmaleficence, one of the four principles of bioethics. This principle states that health-care professionals should not act in ways that entail harm or injury to patients.¹⁴ Without sufficient knowledge of the possible risks of IVF, health-care professionals using IVF as therapy would be acting in ways that may entail harm to their patients, hence not in accordance with the principle of nonmaleficence.

Until more knowledge is acquired, IVF should be treated as experimental, with provisions put in place to monitor its use. Provision should be implemented that ensure: (1) the treatment and advertising of IVF is not conducted in a manner that can lead people to view it as a cure, but rather as a risky experimental treatment, which would also involve specialists advocating other options to the technology, and (2) careful tracking and follow-ups of IVF patients and children born of the procedure are conducted, in order to research and document all long-term effects of IVF. Without sufficient information on IVF and the possibility of its risks, its continued use as therapy should be restricted. Changing women's perceptions of IVF from therapy or a cure, to a risky experimental procedure with much more needed research to be conducted, may influence their decisions to enter into an IVF program, but on the whole, would be offering IVF in a more honest portrayal than is currently the case.

3. Reallocation of Resources

My last argument involves possible directions in which the public funding of IVF can be directed. I do understand that simply because money could be put elsewhere that does not mean that it will be put there, but I am arguing that the public funding that is directed into IVF programs *ought* to be re-directed. Public funding which is controlled by the government but comes from the public is supposed to be directed into programs that will serve in the best interests of the people. The majority of money being put into IVF programs is through private businesses, and they will invest their money into what is most beneficial for them. But governments that are elected by the people to work for the people (such as ours) will, or should, fund practices or causes that are in the interests of the greater good, because that is whom they are representing.

Since IVF is extremely costly (approximately \$13,000-15,000 per cycle as reported in the previous chapter), it is not equally accessible to all infertile couple who would want to

undergo the procedure. Only those couples who can afford the procedure are able to reap the potential benefits of it, and here lies the problem. In this case, IVF is not for the greater good, because it is only the few who can afford such as technology, therefore equal access is not granted. It is worthy to note that only 7% of couples in their reproductive years (approx. 250,000 couples) are infertile, while 40% of funding that goes into IVF programs is from public money.¹⁵ Therefore, even though public money is being put into this procedure, fewer than half of all couples in their reproductive age, experience infertility.

If public money is being directed into IVF programs, then it follows that the program should be accessible to all of the public, not the minority of them that can afford the program. Public money should be directed to public causes, while private money can be directed into any program the donor wishes to invest in. Because all infertile couples are not granted equal access to IVF, public money (everyone's money) should not be directed into an area that refuses some access. If the problem that IVF is concerned with is the inability to have children, then investing money in research that concentrates on reducing infertility would be more efficient than IVF. I believe that research needs to be put toward finding out and eliminating the causes of infertility in both men and women, as it is this type of research that will benefit all couples.

I am not trying to advocate the treatment of infertility as an illness, but rather I am trying to show that the resources put into IVF programs are not justified and should be better spent elsewhere. Of course, I believe that there are more worthwhile causes to invest in, such as our education, health, and justice system, but these causes are irrelevant to the issue at hand. If IVF is concerned with infertility, then it follows that we should be trying to eliminate infertility by researching and protecting against known environmental and biological causes of infertility.

3a(i) Environmental Causes

It is now known that infertility can be caused by environmental elements such as toxins, radiation and other such chemicals.¹⁶ Keeping this in mind, research and funding should be put into programs that focus on cleaning the environment. As technology progresses, environmental degradation worsens. Often these deadly pollutants are found in our immediate surroundings, therefore, our priority should be to ensure that our living conditions, the water we drink, the air breath, and the food we eat, are void of any harmful chemicals. Instead of placing resources in a project that helps the minority (such as IVF), we should put those resources toward a good that will benefit the whole of society, thereby, also helping the minority.

Similarly, resources should be put into the administration of safer working environments. Many people encounter harmful chemicals, radiations and products, from their work environment. Hence, more research should be placed on finding new ways to protect workers from the various components known to cause physical ailments. For example, it is reported that lead found in varnishes and auto parts, radiation from x-rays for cancer treatments, chemotherapy, ethylene oxide (chemical used in sterilization of surgical instruments) and chemical such as DBCP found in pesticides, are all causes of infertility.¹⁷ If we analyze the different things that both men and women come into contact with on a daily basis, and eliminate as much as we can those that are harmful, then we would be protecting people from the known causes of infertility. Research should also be done on finding out what other environmental attributes are harmful to the human reproductive system.

If we implement programs that work toward finding out what the environmental causes of infertility are, and then try to eliminate them by inventing and using safer methods, we may be able to protect more people than simply investing money in a narrow field such as IVF, which does not even attempt to eliminate the problem.

3a.(ii) Sexually Transmitted Causes

There are of course other causes of infertility, one being sexually transmitted diseases. Resources need to be placed into furthering the studies of specific sexually transmitted diseases (STDs) that are known to directly and indirectly cause infertility in both men and women. More research should be concentrated on finding cures for these STDs, not simply because they may lead to infertility, but also with the goal of eliminating the spread of them. The resources put into IVF programs would be better spent being put into programs that educate both men and women about the risks of being sexually active. There should be more media exposure on billboards, radio, magazines and television, that stress the importance of practicing safe sex. Since STDs that cause infertility remain undetected for years (for example, chlamydia), there needs to be more attention given to the importance of testing for those who are sexually active, so that they can be aware of the state that their bodies are in. It is estimated that 50% of sexually active women will have or have had chlamydia by the age of thirty, and of these women, at least 20% of them will develop infertility because of their untreated chlamydia.¹⁸ More clinics should be available for young teens to go to for counseling, advice, and even free birth control.

The reason that I believe that these areas are of greater importance than IVF, and that money should be spent here rather than there, is because these three areas are directly connected to infertility, and therefore should be of greater concern if childlessness is to be addressed. I am not arguing that infertility is a problem in need of a cure, but rather that since IVF already exists, and its goal is to help infertile couples have children, it seems to make more sense to direct public money into programs that conduct research on eliminating environmental and physical causes of infertility, which would benefit everyone, rather than investing money in an area that will only help those who can afford it.

Conclusion

The purpose of this chapter was to argue why the use of IVF in its present state should be stopped. To come back to the point of social policy regarding IVF, I think it is necessary to carefully scrutinize a woman's choice in entering an IVF program. In the first chapter I referred to a sort of "bias extraction," in which the practice of IVF was examined critically by the infertile woman and her doctor, in order to fully understand all the dimensions involved with such a technology. Since there may be women who are able to demonstrate that they are fully critical of the oppressive systems at work and accept their infertility as a way of life, some would argue that it would be unjust to take away their choice of IVF. If after critical, rigorous and lengthy counseling, explorations and examinations regarding IVF, a woman still wants to go ahead with it, then it would have to be allowed (unless the argument were made to restrict it). Allowing IVF does not render its use as morally right, but rather leaves it up to women to decide, after careful examination. But, if we consider the risk argument, the inability to fulfill criteria for informed consent, along with a woman's choice being biased because of her social construction, then social policies that restrict the use of IVF as treatment or therapy, and deem it experimental research can and should be implemented.

It is not my intention to ignore the reality that there are many women who do in fact want to be mothers of their own children, and when faced with infertility will want to try almost anything that may help them achieve this desire. My aim is to show the importance of examining this desire. I think it is important to understand that women have been infused with patriarchal ideologies and constricted by patriarchal structures that have made them who they are. It is mainly because of these influences that I believe women conform to the role of child bearers.

The feminist ethics discussed in the first chapter showed the importance of considering the experiences of all women, instead of grouping them all together. but in the case of IVF I do not believe that women at this time are able to separate themselves from their patriarchal social conditioning. If I am right, then their experiences, wants, and desires are shaped by external, patriarchal norms. Hence, I believe that the need for IVF is not represented by the desires of women void of patriarchal social conditioning. So such "need" should not be taken at face value. Feminists should not overlook the lasting effects that patriarchy has on women and assume that they can be free from these structures if they critically examine the situation. The only way we can be free from oppression is if oppression is eliminated, not disguised under a different mask.

Even if women are involved in the IVF process or told of risks, they are still involved in a patriarchal structure that is oppressive to them. The advancement of IVF simply embeds the notion of motherhood further in the minds of women without allowing them to understand fulfillment by any other means. Simply being aware of the potential physical harms of this technology does not free women from their assigned roles. It merely informs them of the risks they are agreeing to. We need to free women from the exclusive role of child bearer, not further trap them in it. With the advancement of IVF women and children will continue to be treated as commodities. It is interesting to note that if the goal of the creation of IVF was as sincere as its creators claim it to be, *i.e.*, to grant women their desire to have children, it would be offered to all women who have this shared desire and not simply to those that could afford it.

My goal is not to trap women in a lifestyle that is the opposite of what patriarchy has enforced, but I do stress the importance of IVF being seen as an oppressive practice. Aside from the shaping of women's identities, because of the extreme medical risks that are known, its practice and use should be stopped. We need to keep in mind that IVF is still in its early stages

of research, meaning that many of its serious side-effects are still unknown. For this reason alone I think that it is necessary to rethink its use. I do believe that in a society that allows women to shape their own identities and that consists of religious, philosophical, and other social systems grounded in gender-neutral ideologies, IVF could be accepted and practiced in such way that serves the interests of women as they decide them to be. Unfortunately, our society has not yet evolved into an egalitarian society. Therefore, acceptance of practices and structures that contribute to the goal of the oppression of women simply makes our journey toward liberation longer and more difficult than it should be.

NOTES

1. Margaret Sanger, "My Fight for Birth Control," *The Feminist Papers*, Alice S. Rossi, (ed.), (New York: Bantam Books, Inc., 1973), 533.
2. Sherwin Susan. *No Longer Patient*. (Philadelphia: Temple University Press, 1992), 68.
3. *Ibid.*
4. *Ibid.*, 69.
5. *Ibid.*, 74.
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9. *Ibid.*
10. Etchells, *et al.*, "Disclosure," *Canadian Medical Association Journal* 155, no. 4, (1996): 388, (387-391).
11. Etchells, *et al.*, "Capacity," *Canadian Medical Association Journal* 155, no. 6, (1996): 658, 657-661.
12. *Ibid.*, 660.
13. Etchells, *et al.*, "Voluntariness," *Canadian Medical Association Journal* 155, no. 8, (1996): 1083, 1083-1086.
14. Thomas A. Mappes and David DeGrazia, *Biomedical Ethics*, (New York: McGraw-Hill, Inc., 1996), 36.
15. Health Canada, "<http://www.hc-sc.gc.ca/hppb/srh/pubs/report/ch5.htm>," 2001.
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17. *Ibid.*
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CONCLUSION AND FUTURE DISCUSSIONS

*One cannot quell the din of internalized oppression
simply by logging off patriarchy.com and clicking on women.com.¹*

The aim of this thesis was to explore IVF and its effects on women. In so doing, I have attempted to bring to the forefront important issues such as the physical and emotional risks, the issue of choice and control, and the shaping of the identity of women, all of which have been affected by IVF.

In the first chapter I outlined different streams of feminist thought. This discussion was to provide a background of the different starting points of feminist theories and the goals that they all strive for. I also included a discussion of feminist ethics, in order to put forward the ethical structure that I would be using throughout this thesis to evaluate IVF. In this discussion of ethics I put forth my own ethical structure that should be used when deliberating about treatments such as IVF. This chapter provided a background to the foundational views of the thesis.

In the second chapter I discussed the factors that affect women's understandings of their identity and roles. I argued that our philosophical ideals, religious norms, language, political, medical and educational institutions, have been shaped and heavily influenced by patriarchy in such a way that has been oppressive to women. Through these various influential factors the social construction of women has revolved primarily around the role of child bearers. Although there have been other identities offered to women, the "mother" identity has been enforced and advocated as the one which women should try to identify themselves with. I argued that women need to structure their own identities in regard to their own feelings and experiences in order to

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be able to choose identities that best represent themselves, instead of being assigned identities that do not fully reflect their own ideas and experiences.

The medicalization of women's experiences was discussed in the third chapter. This discussion included a brief history of technology and its effects on women's lives. I described how the practice of medicine has been a male-dominated practice; hence areas of women's health have primarily been controlled by men. I argued that because importance is placed on women being mothers, infertility (which is considered an illness or disease) is now viewed as a threat to the well-being of women. I discussed the need for infertile women to view themselves as healthy, instead of diseased; the latter perception has had many negative effects on the emotional and psychological state of women. Because these women view their reproductive parts as ailments keeping them from being considered real women, they turn to infertility treatments, one such being IVF.

In the fourth chapter I discussed arguments concerning IVF. I not only discussed feminist bioethical arguments, but also nonfeminist ones. It was apparent in this discussion that feminists are concerned not only with the risks of IVF, but also with the ethical dimensions concerning the freedom of choice, control over bodies and the motivation behind IVF. In this chapter I showed the various perspectives regarding the acceptance and rejection of IVF.

In the last chapter I put forth three main arguments in support of the restricted use of IVF. The first argument was concerned with the idea that IVF reinforces patriarchal ideologies that identify women primarily with motherhood. I argued that since women have understood themselves primarily as bearers of children, their choice to enter into an IVF program is made with biased conditioning in mind, and therefore, not of their own free will.

The risks vs. benefits issue was the basis of my second argument. This argument pointed out that since the long-term and immediate risks to women, children and couples are still

unknown, IVF should not be offered as a therapy or a cure for infertility, but rather as an experimental procedure. I also argued that because of the lack of information available regarding IVF, informed consent cannot be given for this particular procedure. I concluded this section by stating that without further research, IVF should not be offered as therapy but rather as an experimental procedure.

The argument from risks tied into my third argument which addressed the need for a reallocation of the public money being invested in IVF programs. I argue that if infertility is constructed as a disease and IVF programs are working toward the goal of granting infertile women their need to have children (a need constructed by patriarchy), then it would be more reasonable to put the resources towards reducing the causes of infertility across the population as a whole. In this case, since women would not have to subject themselves to invasive, painful, costly procedures they would not be treated as research subjects. Since public money should be spent on goods for the public and IVF is directed to those that can afford it (not the majority of people), the resources that are put into IVF programs should be redirected into programs that will benefit the whole.

In conclusion, it is the goal of feminism to try to eliminate the oppressive structures that limit women's choices, and IVF is just one of those structures. Keeping in mind that women's identities have primarily revolved around childbearing we should be wary about accepting a technology that seems to reinforce the message of "women as child bearers." Allowing the advancement and use of IVF simply adds to an already existing problem hence, bringing us back to being confined to our bodies. Feminist ethics should be advocating the idea that women should decide for themselves what their lives should consist of, instead of society determining it for them. By allowing a woman to submit herself to an IVF program because she expresses the need to have a child of her own, is allowing that woman and others like her, to continue to be

controlled by the structures that we should be fighting to eliminate. Only in a society in which women have had an equal part in structuring our morals, ideals, language, and self-identities can the choice of IVF be freely made. Feminist ethics allows for a cessation of practices if those practices are proven to be oppressive. In this case I believe IVF is such a practice, and at a later time I would like to take up this point in more detail and more conclusively. Infertile women must discover wholeness in other non-maternal identities and look to other options that will help them live fulfilling lives. So long as oppressive structures and stereotypes exist, alternative identities are not given equal affirmation, and this is why we can not free ourselves those oppressive identities.

Future Discussions

In this thesis I have made the claim that the use of IVF is morally wrong. I think it is important to stop the process of IVF until it can be used in such a way that allows for women to choose freely and remain in control. I understand the short-term implications involved in stopping IVF because there are many women who do want to have children, but we have to evaluate the broader and pervasive negative effects of such a patriarchally biased technology on women. Instead of accepting IVF into our society we should try to look for ways to change the patriarchal message that it reinforces and also try to make it more "women friendly," *i.e.* in the best interests of women.

There is still much research and many studies that need to be done in the area of IVF and other reproductive technologies. IVF brings into question the moral permissibility of surrogacy and the issues of commercialism and commodification that surround such a practice. Studies need to be done in more detail on the effects that IVF has on the children born to it and their siblings who may have been born otherwise. We need to study the long-term effects that IVF has had on women that are unsuccessful in their attempts to conceive through this practice. The

effects of IVF on infertile couples need to be researched more so that we can learn if the wide acceptance and use of IVF serves as a coercive force against their childless lifestyle. Once this research has been done, it then may be possible to re-evaluate the practice of IVF. However, what is most important is to continue to critically examine the influence of patriarchy on women's identities, as I have done regarding the practice of IVF. In order to get beyond the patriarchal imperatives it is necessary to affirm women's explorations.

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